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EXPLORING THE RELATIONSHIP BETWEEN DIVERSITY TRAINING AND
COUNSELOR COMPETENCE IN WORKING WITH CISGENDER MEN WEARING
MAKEUP

by

Brandi Lee Velasquez Nash

A thesis submitted to the Department of Public Health
in partial fulfillment of requirements for the degree of
Master of Science in Clinical Mental Health Counseling

UNIVERSITY OF NORTH FLORIDA

BROOKS COLLEGE OF HEALTH

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ABSTRACT

The concepts of gender and sexuality within counselor diversity training continue to expand and change over time; therefore, it is essential that mental health professionals are knowledgeable of the challenges faced by gender nonconforming (GNC) individuals, specifically cisgender men who wear makeup. This includes being aware of the biases and stigmas that GNC individuals face and understanding how those barriers affect their mental health.

Elements that are applicable to this population include: (a) the historical significance and implications of cisgender men who wear makeup, (b) social media platforms where cisgender men showcase their makeup skills, (c) cultural experiences of GNC people, (d) social and systematic barriers that GNC people face, and (e) the ways health professionals can apply this knowledge to their work with GNC individuals.

The primary purpose of this randomized experimental study was to examine the relationship among counselor age, gender, diversity training, and perceived counselor competence in working with cisgender men wearing makeup. Three research questions and three hypotheses were the subject of the data analyses in this study. Participants were at least 18 years of age and either a student in a Master's counseling program or a counseling professional. Participants ($n = 95$) were randomized into the control group ($n = 46$) or the experimental group ($n = 49$) and completed a demographic questionnaire and the Sexual Intervention Self-Efficacy Scale (SISES); the SISES was adapted to fit the study. Participants in the control group responded to the questionnaire after viewing men without makeup; participants in the experimental group completed the same questionnaire after viewing cisgender men with makeup.

The results of the linear regression correlation analyses indicated that counselor gender, counselor age, and level of LGBTQIA+ community and gender minority training were not statistically significantly correlated with perceived counselor competency. Results suggested a slight difference between the control group and experimental group; specifically, participants in the experimental group reported lower perceived counselor competence than participants in the control group.

Implications for educators and practitioners are provided to bolster counseling professionals' and counseling students' competence when work with gender nonconforming individuals. Recommendations are also provided for enhancing supervision models, training and education, treatment planning, and social justice advocacy efforts.

DEDICATION

This thesis is dedicated to my loving husband, Urias. I wouldn't have been able to do this without you by my side, encouraging me and loving me every day. Tú eres la razón por que sonrío cada día. Te amo muchísimo.

This thesis is also dedicated to my family: my mom, Tori, Ariail, and Garrett. Thank you for believing in me and supporting me. I love you all so much.

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LIST OF ABBREVIATIONS

GNC	Gender nonconforming
LGB	Lesbian, gay, and bisexual
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, and asexual
SISES	Sexual Intervention Self-Efficacy Scale

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CHAPTER I: INTRODUCTION

Exploring the Relationship Between Diversity Training and Counselor Competence When Working with Cisgender Men Wearing Makeup

Statement of Problem

Gender expression and gender identity is a new and emerging subtopic of diversity and multiculturalism in counseling that has not been sufficiently explored. There are mental health concerns that are unique to those who are gender nonconforming (GNC); however, there is little research that investigates the relationship between gender nonconforming individuals and healthcare professionals, including clinical mental health counselors. Although current studies utilize qualitative and quantitative methodologies to investigate the experiences of gender nonconforming individuals, there are very few studies that investigate issues of gender expression and gender identity in counselor education and how training impacts the therapeutic relationships, counselor competency, and biases.

Purpose of the Study

The purpose of this quantitative study is to investigate the relationship between counseling students' and counseling professionals' diversity training and perceived competence when presented with a theoretical gender nonconforming male client wearing makeup.

Significance of the Study

In order to develop competence in working with gender nonconforming individuals, it is essential that healthcare professionals – such as counseling students, clinical mental health counselors, school counselors, counselor educators, and clinical supervisors – are knowledgeable of the challenges that GNC individuals face. As much as 75% of this population interacts with

the mental health care system (James et al., 2016). Therefore, healthcare professionals must be aware of the effects associated with the barriers and the cultural experiences of GNC people, as uninformed care can exacerbate discrimination that GNC people experience in these systems (Holt et al., 2020).

By exploring the relationship between counselors' training and perceived competency in working with theoretical GNC male clients wearing makeup, this study can contribute to the research and inform the practices of mental health professionals. This includes clarifying the relationship between training and competency when working with GNC clients, as well as informing counseling students and professionals of the potential impact counselor biases can have when working with GNC clients. Such findings may be useful in preparing counseling students and counseling professionals to effectively support GNC clients, as well as promoting social justice advocacy efforts regarding issues in gender identity and expression, specifically the concept of gender nonconformity. This research could also prompt counseling students and professionals to explore their training, bias, and competence when working with GNC clients. Finally, this research could be a call to action to update the current curriculum and training methods, which include workshops, conferences, and webinars since gender expression through the use of makeup is a newer concept that has not been adequately explored.

Conceptual Framework

Figure 1. Conceptual Framework

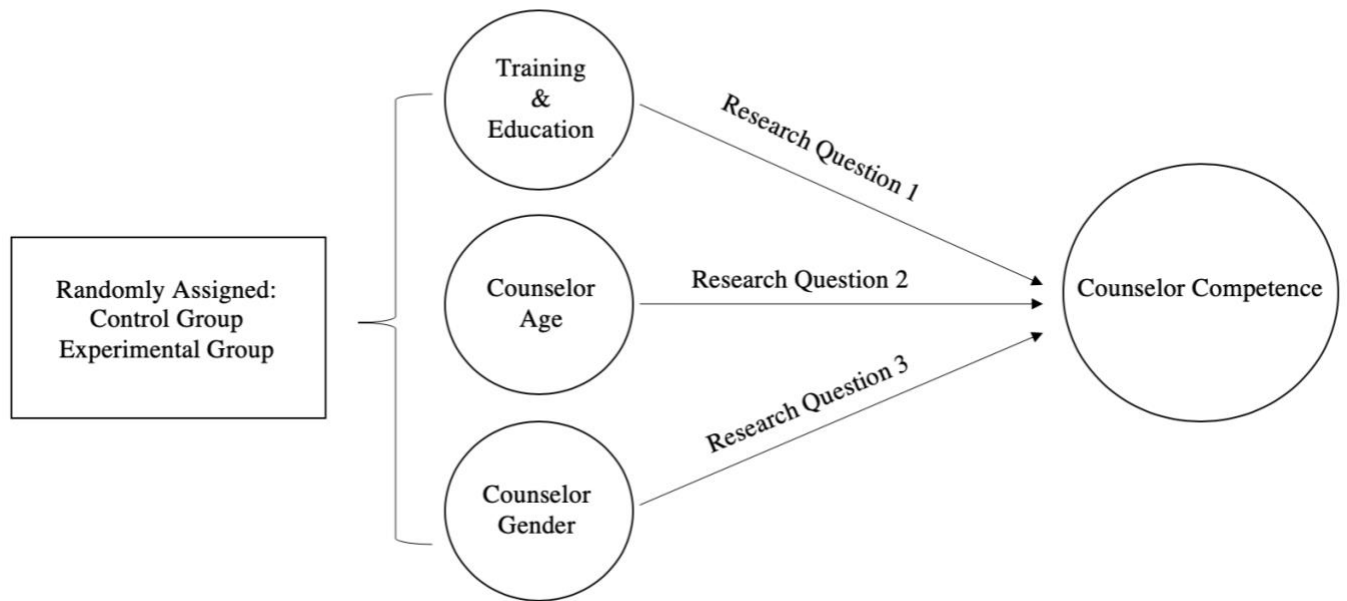


Figure 1 depicts the conceptual framework for the research questions.

Research Questions and Hypotheses

Research Question 1:

Is there a difference between the control group and experimental group in their perceived counselor competency when controlling for multicultural training specific to the LGBTQIA+ community and gender minorities for counseling students and professionals working with the theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 1:

When comparing the control group and the experimental group, the participants with more training specific to the LGBTQIA+ community and gender minorities will have statistically

significantly higher levels of perceived counselor competence with the theoretical GNC male clients wearing makeup in the pictures.

Research Question 2:

Does counselor age impact perceived counselor competence when working with the theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 2:

The older age group will be associated with statistically significantly lower competence when working with the theoretical GNC male clients wearing makeup in the pictures.

Research Question 3:

Does counselor gender impact perceived counselor competence when working with theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 3:

Females and gender minority counselors will be associated with statistically significantly higher competence when working with the theoretical GNC male clients wearing makeup in the pictures.

Limitations

There are several limitations that exist in the current study. Limitations include:

1. Counseling students and counseling professionals may underreport their biases due to the value ascribed to unconditional acceptance in the mental health field.
2. Counseling students and counseling professionals may over report competency in working with theoretical GNC male clients in the pictures.

3. This study focused on counseling students and mental health professionals, and therefore, may not be reflective of other healthcare and helping professions perceived competence when working with GNC clients.

Delimitations

There are several delimitations that exist in the current study. Delimitations include:

1. In order to meet the requirements to participate in this study, the participant must be at least 18 years old.
2. In order to participate in this study, counseling students and counseling professionals must have agreed to provide demographic information and complete assessments measuring perceived counseling competency, diversity education, additional multicultural training, and years of professional experience.
3. In order to participate in this study, the participant must either be a counseling student in the US or a counseling professional in the US.

Terms and Definitions

The following terms appear in this quantitative study. Terms are defined, based on the literature, as they specifically pertain to this study.

Beauty Gurus: For the purposes of this study, “beauty gurus” will be used to describe people “who regularly upload videos advising on makeup and hairstyling techniques and products” (Rapp, 2016, p. 2).

Cisgender: People “whose gender identity matches the sex assigned to them at birth or whose gender identity conforms to the gender role society considers appropriate for their sex” (Gosling, 2018, p. 75).

Cisnormativity: “The assumption that all individuals are cisgender” (Gosling, 2018, p. 75).

Cognitive Dissonance: “When an individual holds two or more elements of knowledge that are relevant to each other but inconsistent with one another, a state of discomfort is created”

(Harmon-Jones, E., & Harmon-Jones, C., 2008, p. 1518).

Continuing Education: The “need to maintain a currency of professional practice, knowledge, and skills” (Faherty, 1979, p. 12).

Discrimination: “Negative behaviors or actions toward a person or group of people based on prejudicial attitudes and beliefs about the person’s or group’s characteristics, such as sexual orientation, gender identity, or gender expression” (Veltman & Chaimowitz, 2014, p. 4).

Drag Queen: People who “are men, typically gay men, who dress like women for the purpose of entertainment” (GLAAD Media Reference Guide, 2014, p. 15).

Effeminacy: “Traditionally female qualities in men that are considered to be inappropriate to men, while the more neutral ‘femininity’ refers to female qualities regardless of people’s gender” (Sandfort, et al., 2007, p. 187).

Effemiphobia: “The fear of effeminacy” (Richardson. 2009, p. 529).

Empathy: “The act of correctly acknowledging the emotional state of another without experiencing that state oneself” (Halpern, 2003, p. 670).

Femininity: “Referring to options or properties associated with women, object such as articles of clothing or properties such as weak, gentle, and delicate” (Kalbfleisch and Cody, 1995, p. 107).

Gay: People “whose primary sexual orientation is to members of the same sex or gender. “Gay” can refer to men and women (boys and girls), although many homosexual [females] prefer the term lesbian” (Veltman & Chaimowitz, 2014, p. 4).

Gender binary: “The view that humans comprise only two types of beings, women and men” (Hyde, et al., 2019, p. 171).

Gender dysphoria: “The distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender” (American Psychiatric Association, 2013, p. 451).

Gender identity: A person’s “internal, deeply held sense of their gender... gender identity is not visible to others” (GLAAD Media Reference Guide, 2014, p. 13).

Gender expression: A person’s “external manifestations of gender, expressed through a person’s name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture” (GLAAD Media Reference Guide, 2014, p. 13).

Gender minority: People “who are transgender/gender nonconforming and have a gender different from their sex assigned at birth” (Reisner, et al., 2015, para. 1).

Gender nonconforming: A person whose “gender expression is different from conventional expectations of masculinity and femininity...not all gender nonconforming people identify as transgender; nor are all transgender people gender nonconforming. Many people have gender expressions that are not entirely conventional” (GLAAD Media Reference Guide, 2014, p. 17).

Genderqueer: A person who “does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female gender” (Gosling, 2018, p. 75).

Hegemonic masculinity: “A dominant form of masculinity setting appropriate norms for masculine behaviors and attitudes” in each society (Annes & Redlin, 2012, p. 258).

Heterosexism: “A systematic process of privilege toward heterosexuality relative to homosexuality based on the notion that heterosexuality is normal and ideal” (Dermer, Smith, & Barto, 2010, p. 327).

Homophobia: “The irrational fear or hatred of, aversion to, and discrimination against homosexuals or homosexual behavior” (Veltman & Chaimowitz, 2014, p. 4).

Homosexual: Having “an emotional, romantic, and (or) sexual attraction predominately to a person of the same sex or gender” (Veltman & Chaimowitz, 2014, p. 4).

Internalized homophobia: “The experience of guilt, shame, or self-hatred in reaction to one’s own feelings of attraction for a person of the same sex or gender as a result of homophobia and heterosexism” (Veltman & Chaimowitz, 2014, p. 4).

Invert: “The belief that a lesbian woman had a male soul, whereas a gay man had a female soul” (The History of Psychiatry and Homosexuality, 2012).

Masculinity: “A cultural construct that may be defined at its core by certain physical features and an inner sense of being male” (Canham, 2009, p. 1).

Metrosexual: “[Men who] engage in practices stereotypically associated with femininity and homosexuality, such as care for appearance and the latest fashion trends” (Coad, 2008, p. 74).

Sexual orientation: “How one thinks of oneself in terms of one’s emotional, romantic, or sexual attraction, desire, or affection for another person” (Veltman & Chaimowitz, 2014, p. 5).

Social desirability: “An attempt to enhance some socially desirable characteristics or minimize the presence of some socially undesirable characteristics” (Turner & Martin, 1984, p. 257).

Social media influencer: People who “represent a new type of independent third-party endorser who shape audience attitudes through blogs, tweets, and the use of other social media” (Freberg, Graham, McGaughey, & Freberg, 2011, p. 1).

Stigma: “The societal shame associated with a person based on an identity or characteristics that the dominant group devalues or finds unacceptable” (Dermer et al., 2010, p. 328).

Transgender: “An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth” (GLAAD Media Reference Guide, 2014, p. 14).

Transgender man: “People who were assigned female at birth but identify and live as a man ... They may shorten it to trans man” (GLAAD Media Reference Guide, 2014, p. 15).

Transgender woman: “People who were assigned male at birth but identify and live as a woman ... They may shorten to trans woman” (GLAAD Media Reference Guide, 2014, p. 15).

Transphobia: “Any negative attitudes (hate, contempt, disapproval) directed toward trans people because of their being trans” (Bettcher, 2014, p. 249).

Transsexualism: When an individual experiences “an incongruence between anatomic sex and gender identity” (Shulman, 2017, p. 305).

Unconditional Positive Regard: “An attitude of caring, acceptance, and prizing that others express toward an individual irrespective of his or her behavior and without regard to the others’ personal standards” (APA Dictionary of Psychology, 2018).

YouTube: “The worldwide largest, most visited database of video content” (Garcia-Rapp, 2016, p. 2).

Youtubers: People “who have a more intense engagement with YouTube in terms of the amount and type of their participation. They are often on the site daily and certainly weekly, sometimes for an hour or more per session” (Lange, 2007, p. 5).

YouTube celebrities: People “who share qualities similar to those of Youtubers. However, they are also quite well known both within and often outside of the site...[and] influence the

discourse, goals, and activities on YouTube through their videos, comments, bulletins, and other forms of interactions” (Lange, 2007, p. 5).

CHAPTER II: LITERATURE REVIEW

Introduction

Rapid changes within the beauty industry are taking place due to the introduction and mass social media following of cisgender men who create cosmetic tutorials and reviews on YouTube. These men, otherwise known as “beauty gurus,” are inspiring companies to make organizational and structural changes to their business models. By definition, beauty gurus are people who create and upload videos giving hair and makeup advice and product reviews on YouTube (Garcia-Rapp, 2016). The term “beauty guru” originated from the names that YouTube uses to categorize channels within the platform; in 2015, YouTube expanded beyond the limited categories of comedian, musician, and guru to include beauty guru, health and fitness, gaming, movies, music, education, and various hobbies (Garcia-Rapp, 2017; Statista Research Department, 2016). The primary purpose for makeup tutorials is to “give advice on makeup, hairstyling, nail art and skin care through step-by-step tutorials” (Garcia-Rapp, 2017, p. 120).

In previous years, traditional values and tenets were upheld by the beauty industry in order to satisfy a targeted demographic and audience; however, the beauty industry is now changing for the new generation that contribute to the \$330 billion makeup industry (Jones, 2015). Naturally, this new generation and targeted audience comes with new interests that the beauty industry must consider and embrace; these interests include the notion of inclusion, representation, and breaking gender expectations in the makeup industry.

One notable shift includes men becoming prominent figures in the makeup industry. The promotion of inclusion for cisgender men wearing makeup blurs the lines of masculinity and femininity. Marketing for the makeup industry now includes new elements that have not been previously considered. One example includes the 2016 CoverGirl cosmetics campaign that

featured a 19-year-old male named James Charles. The introduction of a cisgender male wearing makeup provoked considerable controversy on various social media platforms, including YouTube, Facebook, Instagram, and Twitter. Although this shift includes ideals of inclusion, there are still biases and prejudice that impact the audience, including mental health professionals who work with these men.

The current study aims to investigate the effects of breaking gender stereotypes and its relationship to clinical mental health counselor biases; specifically, this study will explore (a) the relationship between the counselors' age and how it may influence their perceived levels of competency, and (b) the relationship between the counselors' gender and how it may influence their perceived levels of competency, and (c) the relationship between the counselors' level of training and education and how it might influence their perceived levels of competency. The goal of this study is to contribute to the counseling literature in this area and to further inform the practice of mental health professionals. This research will build upon multicultural counseling competencies, models, and theories, and reveal the necessity to further develop these models to include specific subsets of diverse populations, such as gender nonconforming individuals.

Tripartite Model of Multicultural Counseling

Minority groups continue to report disparities and discrimination in healthcare services from majority groups (DHHS; 1999, 2001; Smart & Smart, 1997; Mirza, & Rooney, 2018). Individuals who are part of minority groups experience higher rates of disability compared to the majority groups (Smart & Smart, 1997) and while minorities often experience comorbid mental illnesses and coexisting disabilities, such as depression, anxiety, and chronic illness (Bailey-Merz et al., 2002; Falvo, 2005; Penninx et al., 2001). For these reasons, it is crucial for healthcare professionals to embody multicultural competence; however, many healthcare

professionals have not received adequate training to help a diverse range of clients (DHHS, 2001).

It is important to understand existing multicultural research and models in order to effectively implement and develop new models and subsets of diversity training. One of the first models that was implemented as a way to develop culturally competent counselors was the tripartite model, which was developed by researchers Sue, Arrendondo, and McDavis (1992). Multicultural training and competence in mental health counseling are essential components of ethical practice. Counselor education has integrated multicultural training through graduate coursework dedicated to learning about various demographics and populations (Ridley, Mendoza, & Kanitz, 1994). Sue, Arredondo, and McDavis (1992) investigated the possibility of building and implementing the tripartite model of conceptualizing diverse clients. The model (Sue et al., 1982, 1992) focused on *awareness*, *knowledge*, and *skills* that are specific to multicultural counseling.

Simply stated, *awareness* is related to the counselor's understanding of his or her cultural biases; *knowledge* is the counselor's understanding of cultural factors that could affect the therapeutic relationship; and *skills* pertain to the development of rapport with a diverse clientele while using cultural considerations to inform therapeutic interventions (Sue, Arredondo, & McDavis, 1992; Sue et al., 1982).

Although Sue, Arredondo, and McDavis (1992) created a primitive outline for diversity training and multicultural competencies, there are criticisms of this basic framework. The model is seen as lacking research, attention, and investigation on cultural aspects that include socioeconomic factors, gender identity, and sexual orientation (Constantine, Gloria, & Ladany, 2002). Worthington et al., (2007) noticed a gap of empirical research and evidence of

multicultural counseling in the literature, with debates on what should be included in the realm of diversity training.

Given these limitations and the fact that the tripartite model of multicultural counseling was originally developed for diverse ethnic/racial groups, it can provide a basic framework for other types of diversity, including gender nonconforming individuals. This research investigates the holes in this model with the hope of developing a direction for future counselor education and training with gender nonconforming individuals. Filling in these holes in the model would create a multicultural approach that considers the culture and subcultures within the LGBTQIA+ community and gender minorities. Despite these critiques, the tripartite model remains a reliable, fundamental model with tenets that are still relevant to diverse populations. Toward this end, investigating the chronological timeline of men and makeup helps exemplify the way prejudice and discrimination have developed against them over the course of history.

The History of Makeup

Makeup has been a cultural custom in almost every community in history with ritualistic, religious, and practical applications (Jones, Porcheron, & Russell, 2018). In Western culture, makeup is typically associated with femininity, as it is seen to enhance stereotypically womanly characteristics. However, makeup has had many different influences and implications regarding gender and expectations throughout different time periods in history. In order to understand the contemporary relationship between men and makeup, the history of men and makeup is worth surveying, with the earliest recordings in Egypt.

Makeup and Men in Ancient Egypt

Makeup was originally used as a way to enforce social rankings and identify individuals of royalty, as cosmetic palettes held great significance to Egyptian pharaohs (Stevenson, 2009).

These cultural customs date back to one of the most ancient and researched systems: the Egyptian epoch. Makeup has been used by men and women since the Predynastic Period (c. 6000 - c. 3150 BCE) through Roman Egypt (30 BCE-646 CE) (Mark, 2017). According to Cartwright (2019), before leaving his residence, an Egyptian man would embellish his eyes with long, thick black eyeliner, made from black galena, that extended from the eyelid to the temple, as seen from historical figures such as Tutankhamun and Neferiti. Fats and oils from animals were used to cleanse the skin and act as an archaic foundation; this style would indicate the Egyptian man's upper-class status. Pharaohs and men of royalty wore makeup for practical and religious reasons such as repelling insects, smoothing wrinkles, and representing the markings of specific gods by certain colors that were applied to the eyelids, like ancient eyeshadow (Cartwright, 2019).

Makeup and Men in East Asia

According to Wu (2016) men strived to be aesthetically pleasing through the use of cosmetics and makeup in East Asia, the home of the ancient Chinese, Japanese, and South Korean dynasties. In ancient Chinese history, the Han Dynasty (202BC-AD 220), men and boys used white powder to represent their high social status as officials or scholars. He Yan, a famous Chinese scholar from this dynasty, was widely regarded for his pale complexion. In the Zhou Dynasty (1046-256 BC), the word *mei* – which means “beautiful” in Chinese – was a word that described the beauty of both men and women. However, over the course of the Qing Dynasty, men using cosmetics became stigmatized after the release of the book *The Forgotten Tales of Longyang*, written in 1632. The book discussed same-sex relations between men, detailing the narrative of male prostitutes and upper-class men who would visit them (Wu, 2016). Like other prostitutes, Chinese male prostitutes customarily wore makeup and cosmetics to enhance their

looks. Many commentators criticized the characters in the books who used cosmetics - which were male prostitutes - and said that their “excessive femininity” was a disgrace to the culture, creating a newfound sense of shame in men who used makeup. Thus, this book created a cultural shift in the expectations and stereotypes of same-sex relations and makeup, as readers believed that the book suggested that cosmetics created a sense of dishonor since male prostitutes used it (Wu, 2016).

Japan has similar ideals surrounding men and cosmetics. East Asia has a history of feminized men in the theatrical arts, similar to Shakespearean theater. Japanese men would perform Kabuki and Noh as a traditional theatrical art. Hubbard (2012) investigated both types of theatrical performances that include intricate costumes, elaborate makeup, exaggerated wigs, and dramatic actions. For Kabuki, the male actors would apply oil and wax to their skin, which acted as a base for the foundation they would apply. Next, they would apply *oshiroi* – a white layer of paste – over their skin and would then paint red and black lines to the eyes and mouth. The different colors represent different emotions that the actor portrayed. Similarly, the makeup used in Kabuki performances would be applied to masks and worn in Noh performances (Hubbard, 2012). However, the difference from Shakespearean theater is that the male actors lived as women and were known as *onnagata* – form of women – whereas the male actors from Europe were able to leave their feminine roles on stage (Morinaga, 2002).

Makeup and Men in Ancient Rome

Ancient Roman men did not use cosmetics for superficial beautifying effects, but for health benefits. Cartwright’s (2019) research showed that Roman writers considered cosmetics as an obsession of prostitutes and unfaithful wives who were wanting to either attract business or another lover. Otho, a Roman Emperor, was criticized for his daily hygiene, such as shaving and

applying dough to his face, creating an ancient foundation. Any man who spent too much time on his appearance – such as Otho – was mocked.

Although Roman men were discouraged from using cosmetics for beautifying purposes, they did participate in regimens that would be beneficial to their health. This included many techniques, such as using milk to soften skin, eggs to create shiny hair, and honey for a healthy complexion. Cosmetics contributed as a factor to enforcing social hierarchy systems, with men from the upper classes using cosmetics as a means to have pale skin (Cartwright, 2019).

Makeup and Men in Europe

Men using makeup was a worldwide practice throughout the Predynastic Period of ancient Egypt through European aristocratic usage. During the era of Queen Elizabeth I, men regularly used makeup in order to achieve pale skin. Pale skin was considered a status symbol; the ideal beauty standard was light hair, a high forehead, and ghostly pale skin (The Ideal Woman, 2012), whereas darker skin implied that the individual worked outside. This look was achieved through powder, wigs, and draining blood to achieve ghostly pale skin. However, in the 1800s, there was a steep decline in the use of cosmetics for both men and women. Queen Victoria I deemed makeup vulgar in order to align with the values of the Church of England, along with those who resisted the beauty standards set by the aristocrats (Carter, 1998). This created a ripple effect that was felt worldwide because of the religious abomination of men wearing makeup and the sociopolitical climate of that era.

Alongside the standards of the Elizabethan era from 1558-1603, were the standards of 1700s France. Louis XIV, who supported aristocrats, held high standards regarding the aesthetics of his royal court of aristocrats; this included fashionable clothing, as well as the use of cosmetics. There were different expectations for men and women who wore cosmetics and

makeup. It was believed that women wore makeup because they had to resort to enhancing their physical attractiveness in order to compensate for their undignified ways in comparison to men (Laughran, 2013). The men who wore makeup in the royal court were considered to be enhancing their manliness and excellence (Laughran, 2013). Similar to the Elizabethan era, this look was achieved through pale powder, rosy cheeks, and clear skin; this was also the style of aristocrats. Although this was before the stigma of men wearing makeup, which was established during the Victorian era, it still had a negative association, especially after the bourgeoisie overthrew the aristocrats in the French Revolution (Laughran, 2013).

Makeup and Men in Colonial America

Although a worldwide timeline is useful, it is important to consider the historical significance of men and makeup in America since this research study is focusing on American GNC individuals, as well as American counseling professionals and counseling students. America's relationship with masculinity, femininity, and makeup is in stark contrast to the ideals portrayed in Europe (specifically, England). After the Revolutionary War, American men were expected to redefine what masculinity and manhood meant to them (Kimmel, 1996). An American man was expected to be self-made, individualistic, and autonomous in order to adequately represent one's own manhood and masculinity (Kimmel, 1996). These new definitions and guidelines were motivated by the opposition of the ideals in England; as a result, American men grasped onto these newfound concepts in order to create and uphold a new identity for themselves. Colonial America viewed "British manhood and ... aristocratic conceptions of manhood ... as feminized, lacking resolve and virtue ... Monarchy and aristocracy were tainted with a critique of aristocratic luxury as effeminate" (Kimmel, 1996, p.

15). This means that American men viewed British men as feminine and weak, and therefore, implied that American men must be masculine in order to be seen as strong.

An additional fear of effeminacy stems from the “lessons” that were taught through the downfall of Ancient Greece and Ancient Rome. For clarification, effeminacy is defined as “traditionally female qualities in men that are considered to be inappropriate to men, while the more neutral ‘femininity’ refers to female qualities regardless of people’s gender” (Sandfort, et al., 2007, p. 187). In 1785, Samuel Adams stated that “... we should find that so long as [Athens and Rome] continued with frugality ... they shone with superlative glory; but no sooner were effeminate refinements introduced ... they visibly fell ... and became timid, dependent, slavish, and false” (Kimmel, 1996, p. 17). In this quote, Adams described the reasons for the new moral code amongst colonial America; this moral code meant that the American man had to distance himself from the desire of “feminine indulgence” (Kimmel, 1996), as feminine attributes – such as aristocratic stylized clothing and makeup – were seen as potential downfalls of the young America. Here, we begin to see the early markings of effemiphobia. Effemiphobia is described as “the fear of effeminacy,” (Richardson. 2009, p. 529). Not only did American men redefine what femininity and masculinity meant to them in order to distance themselves from England, but femininity was viewed as the potential downfall of the newly independent country, which further villainized characteristics of femininity in America. American men discontinued the use of makeup, as it reflected a new moral and masculine code of colonial America. In turn, when men started using makeup, Americans questioned their morals, integrity, character, and psychology.

Reintroduction of Makeup in the US

By the 1920s, there had been a lapse in the usage of makeup and cosmetics for men due to the Revolutionary War. However, the introduction of “Hollywood glamour” displayed men on the screen as well dressed and polished (Massey, 2000). This is likely the earliest example of what was later defined as “metrosexual.” Metrosexual is defined by Coad (2008) as “[men who] engage in practices stereotypically associated with femininity and homosexuality, such as care for appearance and the latest fashion trends” (p. 74) and by Simpson (2002) as a “[man who] loves being looked at” (para. 8). This demonstrated that there were still restrictions in the way that men were able to use cosmetics; men who exuded an excessive amount of self-care were considered “gay” or “womanly.”

During this time, Freud also started using the term “invert,” borrowed from sexologists Havelock Ellis and Richard von Krafft-Ebing, which was defined in the late 19th century as “general phenomena of sexual attraction between persons of the same sex, even if only of a slight and temporary character” (Ellis, 1928, p. 1). The term invert reflected the belief that a lesbian woman had a male soul, whereas a gay man had a female soul; thus, implying that a lesbian woman had masculine attributes, whereas a gay man had feminine attributes (The History of Psychiatry and Homosexuality, 2012). This inability to separate gender identity and expression from sexual orientation was a part of the pathologization of homosexuality in sexology. The terms invert and metrosexual reveal how society is unable to untangle the constructs of gender expression and sexuality, even in the 19th and early 20th century; this current entanglement is still seen in the United States in the 21st century.

Transition to Stage Makeup, Drag Makeup, and Glam Makeup

Stage Makeup

In Western culture – specifically, in the US – the use of makeup became limited to the theater stage in the 19th century (Tripp & Holmes, 2015). Stage makeup is makeup that is used to alter actors' appearances in order to portray specific characters during a theatre production (Corson, Glavan, & Norcross, 2019). Historically, women were not allowed to play in theatrical performances due to association with prostitution; this is exemplified through Elizabethan, Shakespearean, and Japanese Genroku era of kabuki within theater (Donaldson, 2010). The earliest records from Greece indicated that Thespis, a man who played both male and female roles, used makeup and masks to transform into the characters he portrayed (Donaldson, 2010). However, this was considered atypical, as Greek theater used masks in 700 BC because it was considered immoral to wear makeup (Varakis, n.d.).

Later, European stage makeup was used to develop characters' facial features and to work with stage lighting (Kehoe, 1995); it was also used in Shakespearean plays by males who portrayed men and women on stage (Garcia, 2018). The Victorian era created a stigma associated with men wearing makeup; the stigma implied that men were overcompensating for a lack of masculinity, and that the men had excessive femininity for wearing makeup. Cosmetics used in all of these performances were worn simply to enhance natural features or to completely transform the looks of an individual.

Drag Makeup

Another facet of men wearing makeup is represented in drag; men involved are called drag queens. Drag queens can be defined as “men, typically gay men, who dress like women for the purpose of entertainment” (GLAAD Media Reference, 2014, p. 17). In the 20th century, drag transformed from men acting in the female roles to female impersonation performances through vaudeville. Vaudeville is a type of live performance that includes elements of dance and music,

along with comedy and burlesque (Slide, 2012). With the Prohibition era, drag queens started performing in underground bars where gay men felt more comfortable to perform, which contributed to Harlem Ball Culture. Ball Culture was the name for the undercover subculture of the lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) community performing in drag competitions. Those who perform as drag queens, in essence, are cisgender men, trans women, or trans men who impersonate biological features of cisgender women while wearing elaborate and dramatic makeup.

With this history and cisgender men continuing to wear makeup, we are currently in an era where makeup is heavily saturated with gendered meanings. Because of the historical and religious implications, and the alleged immorality of men wearing makeup, European men and men from the US tend to disfavor makeup as being feminine and “gay” due to the historical associations. However, this is not the case for some East Asian cultures, with contemporary Japan and South Korea as prime examples. Although there are still gender norms and expectations, men still use makeup regularly in these countries. Perhaps due to the feminization of Japanese men in theater through the concept of *onnagata*, they are more likely to fit metrosexual standards of grooming and hygiene (Morinaga, 2002).

Glam Makeup

For women, makeup was used as a way to emphasize natural and favorable facial features, while masking small imperfections. Conversely, men either wore natural makeup (referring back to the concept of metrosexual), or used makeup in drag and stage performances, where it was used as a tool of transformation of character, gender, or both. The contemporary methods and means of applications have shifted dramatically, as a new industry, platform, and type of beauty has been introduced, which is now known as “glam makeup.” The word “glam” is

a shortened version of “glamour,” which is synonymous with alluring or charming. Glamour makeup – more commonly known as glam makeup – is a contemporary term that has not been formally defined. Glam makeup is rooted in the practices and applications of the style of makeup in the 1940s-1960s. The era of Marilyn Monroe is a typical reference of this style of makeup; an example is provided in Appendix A. Therefore, for the purposes of this study, glam makeup is “the in between look of Old Hollywood Glamour style (bold lips, long lashes, contour, etc.) and a natural look” (McCullough, 2018, para. 1). Based on anecdotal evidence, a “natural look” is a look when an observer may not be able to decipher if someone is wearing makeup, with the “natural makeup” intentionally used to slightly improve the appearance of a person (Appendix B). However, glam beauty is a mixture of these concepts; some areas of the face may have a bold look inherited from Old Hollywood (examples include red lips, elongated and black eyeliner, prominent eyelashes) whereas other areas may be indistinguishable as to whether the individual is wearing makeup, such as the foundation and contour on the skin (Appendix C).

Recently, cisgender men – especially YouTube beauty gurus (both of which will be defined in the next section) – have started to wear glam makeup. Wearing glam makeup as a cisgender male has brought forth controversies and has revolutionized the prior demographic and market that the makeup industry previously catered to (i.e., cisgender, white females). Glam makeup differs from stage makeup and drag makeup because the men wearing the makeup are not doing so for theatrical performances or to impersonate women. Based on anecdotal evidence, these men have stereotypical gendered attributes, such as beards, facial hair, and short haircuts. Without glam makeup, these men can easily uphold the expectations and stereotypes of cisgender men. However, glam makeup is not meant to mask or transform how one may identify, rather, it is meant to demonstrate the application of makeup and enhance facial features (See

Appendix D: Survey Pictures for examples). In order to understand how these concepts have become convoluted over time, it is important to consider how men and makeup became mainstream through YouTube and beauty gurus in the US.

YouTube and Beauty Gurus in the US

The complicated and stigmatized relationship between men and makeup has been challenged with the recent rise of YouTube; makeup and men have been reintroduced and solidified as an additional category in the beauty genre on YouTube. According to García-Rapp (2016), YouTube “was launched in 2005 and has rapidly grown to be the worldwide largest, most visited database of video content” (p. 2). This media platform is unique because users, instead of established media companies, develop its content. YouTube is a new medium that people use to obtain information.

Beauty gurus rely on more than uploading videos of themselves; after all, in order to increase views and subscribers, the gurus must use creative approaches to market themselves as their own brand. This means that oftentimes, gurus’ private lives and personalities are outgoing and expressive in order to establish ties with their audiences (García-Rapp, 2016). In the past, beauty gurus were typically known as young women (and drag queens) who regularly uploaded a multitude of videos; these videos include vlogs, makeup applications, reviews, advertisements, sponsorships, challenges, get-ready-with-me, PR unboxings, and first impressions. Makeup was typically associated with women; therefore, women dominated the makeup and cosmetic industry within this category of YouTube.

Beauty gurus usually treat their audience as friends, gaining feedback from them, interacting with their audience on other social media platforms, and offering tips by sharing personal thoughts on a variety of topics such as love, life, or career (Garcia-Rapp, 2016). This can

be accomplished through house tours, life updates, significant others doing the gurus' makeup, introducing pets in videos, and other personal matters that are typically shared within friendships; in many cases, the personal becomes the professional in order to establish a fan base.

Gurus establishing their personal "brand" has led to several gurus attaining millions of subscribers. With this number of subscribers, many of these gurus are considered YouTube celebrities, where they can thrive from the economic and social benefits that come with this label (García-Rapp, 2016). YouTube celebrities are defined as people "who share qualities similar to those of YouTubers. However, they are also quite well known both within and often outside of the site...[and] influence the discourse, goals, and activities on YouTube through their videos, comments, bulletins, and other forms of interaction" (Lange, 2007, p. 5).

YouTube is a major influence in our cultural customs. These types of content creators are often labeled as "social media influencers"; social media influencers "represent a new type of independent third-party endorser who shape audience attitudes through blogs, tweets, and the use of other social media" (Freberg, Graham, McGaughey, & Freberg, 2011, p. 1). Beauty gurus – who have historically been predominantly women – are considered a subcategory of social media influencers. There are several ways that a beauty guru can influence their audience, whether it is through politics, religion, or other topics.

The norm was challenged in 2016 when James Charles, a cisgender male beauty guru, created waves and controversy in the cosmetics industry. CoverGirl, a mainstream cosmetics company, named James Charles as the first ever cisgender male beauty spokesperson. His introduction in the cosmetic industry provoked many controversial remarks, many of which questioned his gender identity. James Charles responded in a 2019 ABC News interview that asked about the biggest misconceptions for cisgender men who wear makeup. Charles responded

by stating that the “biggest [misconception] is that I’m transgender. It goes without saying, I’m not... I’m confident in myself and my gender identity... I’m happy being a boy. But at the same time, I love makeup and I have a full set of nails on all the time.” He has set the precedent for cisgender male beauty gurus to gain millions of followers; James has 18.3 million subscribers, Bretman Rock has 7.3 million subscribers, and Manny MUA has 4.8 million subscribers (SocialBlade, 2020). Many times, the definitions of transgender and sexual identity are conflated and misconstrued. Transgender is defined as “an umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth” (GLAAD Media Reference Guide, 2014, p. 14), whereas gender identity is an “internal, deeply held sense of their gender... gender identity is not visible to others” (GLAAD Media Reference Guide, 2014, p. 13). Many people believe that makeup application is a womanly process; therefore, the assumption is that cisgender men who use makeup desire to be a cisgender or trans woman because – according to the gender binary – an individual can only identify as a woman or a man. The gender binary is defined as “the view that humans comprise only two types of beings, women and men” (Hyde, et al., 2019, p. 171). Other controversial remarks include the morality behind men wearing makeup, which is tied to Christianity, biblical expectations, and historical changes after the Revolutionary War, which initiates questions of the individual’s masculinity and manhood. Some of the remarks are rooted in the belief that only cisgender women should wear makeup; therefore, it is important to investigate the cultural aspects of men wearing makeup.

Cultural Implications of Makeup

Cultural Differences in Maleness and Makeup

Different cultures have developed different underlying meanings of makeup. Maleness and masculinity in Japan and South Korea are constructs that differ from Europe and North America. The male consumer became a new target audience in the late 1960s, when cosmetic companies started catering specifically to men (Iida, 2005). Iida (2005) observed the emergence of “feminine” men who take care and pride in their aesthetic. Younger generations have become more aware of the *oyaji* phenomenon, which refers to the unattractive middle-aged man, and is the anti-aesthetic that the new generation is avoiding.

For Western culture, makeup is associated with femininity and womanhood. It appears as though the US inherited the European taboos, originating from the Church of England, regarding men wearing makeup. Looking at the timeline of makeup, men used makeup to show class status, cultural customs, perform in theater, and to enforce beauty standards. After the Victorian period, men wearing makeup became stigmatized and shamed throughout the late 1800s to the early 1900s, but the popularity of makeup reemerged and was used by women throughout the 1920s-1930s (Carter, 1998). However, over time, men have been inching closer to using makeup; one example includes Hollywood glamour in the 1950s and the 1970s and 1980s when rock music scenes like “glam rock,” “New Romantic,” and “hair metal” introduced alternative types of makeup. Now in the 2000s, we have witnessed the introduction of various types of alternative makeup that have impacted the US; one example is cisgender men who use glam makeup on YouTube. However, in order to understand the introduction of GNC individuals, we must first investigate the original target audience for makeup and cosmetics.

Womanhood, Femininity, and Makeup

Historical Significance of the Beauty Industry for Cisgender Women

Makeup in contemporary history is associated with women and femininity. Jones (2010) investigated the ever-changing target demographics in the beauty industry, as well as the history surrounding the original demographic. Makeup and cosmetics offered an escape for women, as “the overwhelming majority of ... sellers ... were women ... [makeup] appealed to [those] who felt bored or trapped and wanted to take more initiative” (Jones, 2010, p. 120). The makeup industry targeted a population where it served as an outlet for creativity, stimulation, and productivity for women (Jones, 2010). However, makeup also offered women the chance to express their individuality and personality; now, the expression of individuality and authenticity is extending from women to men.

Just as makeup serves many purposes, there are also various implications that come with the use of makeup. The fundamental messages in cosmetic advertising are worth investigating; this includes exploring why cisgender women use makeup. Jones (2010) examined these reasons by stating “the underlying message was that every woman had a responsibility to herself, as well as to those around her, to take control of her appearance and be her beautiful, successful best” (p. 102). This belief laid a foundational principle that indicated makeup was a requirement for cisgender women in order to fulfill societal obligations, continually reinforcing the notion that women’s physical appearance must meet a certain level of attractiveness in order for them to be considered productive members of society.

The Makeup Industry and How it Defines Masculinity and Femininity

Canham (2009) defines masculinity as “a cultural construct that may be defined at its core by certain physical features and an inner sense of being male” (p. 1). Maleness and masculinity are subjective societal constructs that perpetuate gender expectation, roles, and stereotypes and are intertwined between biological, psychological, physiological, and sociological elements. The

levels of masculinity and expectations run deep: “At one level, it is a form of identity, a means of self-understanding that structures personal attitudes and behaviours. At another, distinct but related level, masculinity can be seen as an ideology, in that it presents a set of cultural ideals that define appropriate roles, values, and expectations for and of men” (Leach, 2009, para. 2). Although personality attributes and characteristics can shift between individuals, one foundation to the male experience is the expectations of masculinity.

Many argue that the power associated with masculinity comes with differentiation from the female gender or nonbinary individuals, who are seen as either oppressed or stripped of power; after all, “to [an] extent, masculinity is defined by... misogyny... homophobia, aggression, and suppression of emotions... [to] be rendered as acceptable” (Leach, 2009, para. 6). Power is a central component for masculinity because it enforces and implicates strength, control, individuality, emotionlessness, physical attractiveness, sexual capability, and aggressiveness (Leach, 2009). Although details may shift among cultures, the overarching themes of power and control remain consistent in their relationship with masculinity. The emergence of beauty gurus who are cisgender males, across cultures, has received societal and cultural backlash for using makeup. Even so, there has been a social shift in the way that cisgender male beauty gurus have influenced the expectations of gender stereotypes, gender roles, and gender expression. Many people attribute this social and cultural shift to the influence and normalization of cisgender men wearing makeup; however, even with the normalization, there is still a stigma against cisgender male beauty gurus and everyday cisgender men who wear makeup.

Kalbfleisch and Cody (1995) defined femininity as “options or properties associated with women, objects such as articles of clothing or properties such as weak, gentle, and delicate” (p. 107). Just like masculinity and maleness, these concepts are social constructs that define

femaleness and femininity and maintain gender expectations, roles, and stereotypes. Along with the expectations of femininity comes the centralized core that is associated with womanhood: beauty and weakness.

The expectation for women using makeup is deeply ingrained in society's outlook of women being responsible for how they look and how they present themselves to others. There are controversies surrounding the usage of makeup; some argue that women using makeup is a sign of reclamation of their femininity, whereas women who do not use makeup are expressing their freedom of choice (Ramati-Ziber, Shnabel, & Glick, 2019). The answer probably lies between these two viewpoints in the third and fourth wave of feminism; after all, "women who attain beauty reap real rewards, such as attracting mates with greater resources or creating a favorable impression in the workplace... [makeup and cosmetics] keep women invested in pursuing beauty, whether via internalized beliefs or strategic behavior (Ramati-Ziber, Shnabel, & Glick, 2019, p. 2). The prominent values and expectations placed on femininity and femaleness are attractiveness and youth; therefore, when women are able to fulfill these social obligations, they receive benefits over women who do not fulfill these obligations. The makeup and cosmetics industry have laid the foundation for women to preserve their youth and beauty; thus, this has led to makeup being seen as a requirement for women instead of a suggestion, otherwise known as the "beauty tax" (Rmati-Ziber, Shnabel, & Glick, 2019, p. 1).

Just as power is a core component of masculinity and maleness, weakness is a core component of social definitions of femininity and femaleness. Weakness is typically associated with traits such as passivity, dependence, nurturance, wimpiness, and submissiveness (Walkerdine, 1989). Again, standards and expectations of femininity, femaleness, and womanhood may change throughout cultures, but the themes of beauty and weakness remain

consistent in a woman's expected responsibilities to society. These responsibilities include remaining attractive and youthful in order to attain career advances, attract a mate, and produce families. Because of how the "inherent nature" of femaleness and femininity has been constructed, the association of makeup with womanhood connects it to femininity and weakness. Therefore, makeup is representative of inherent womanhood and weakness, thus complicating the relationship between makeup and cisgender men.

One reason there has been backlash against cisgender men who wear makeup is because of the psychological phenomena that is known as cognitive dissonance. Cognitive dissonance can be categorized as "when an individual holds two or more elements of knowledge that are relevant to each other but inconsistent with one another, a state of discomfort is created" (Harmon-Jones, E., & Harmon-Jones, C., 2008, p. 1518). This means that people experience mental discomfort when a situation or event does not align with their beliefs. The expectations and stereotypes of masculinity and maleness in cisgender men do not align with objects or actions that are stereotypically associated with femininity and femaleness; therefore, men who wear makeup create a dissonance because "[men] who are judged to be inadequately masculine or worse, to show signs of femininity, are generally derogated" (Kalbfleisch & Cody, 1995, p. 106). These beliefs are rooted in the historical implications of sexual inversion from Krafft-Ebbing and Ellis. Men who were "inverted" were believed to have a woman's soul; again, this is rooted in the gender binary model and heteronormativity, implying that gay men were women, whereas lesbian women were men. The gender binary is known as "the view that humans comprise only two types of beings, women and men" (Hyde, et al., 2019, p. 171), ultimately excluding GNC individuals. Inversion was a way that sexologists made sense of homosexuality; by framing gay men and lesbian women using the model of the gender binary, the concept of

inversion continues to distort the assumptions that society makes about GNC individuals.

Because GNC cisgender males do not fit into this gender binary, there are many assumptions that are made about their gender identity and sexual orientation. Typically, these assumptions are that GNC cisgender males are either gay or are transgender individuals, again, conforming to these residual heteronormative and cisnormative models.

Heteronormative and cisnormative models – as well as the concepts of inversion and the gender binary models – have contributed to the ridicule and discrimination that traditionally “feminine” men have faced. These experiences may lead to feelings of effemiphobia, due to the stigmatization that gay men typically experience in earlier experiences (Taywaditep, 2002). Effemiphobia is described as the fear of femininity, being portrayed as feminine, and viewing femininity as a threat to one’s masculinity (Richardson. 2009, p. 529). Taywaditep (2002) investigated the way “inversion” fed into the notion that masculinity is superior to femininity, which fosters internal hatred and stigma of feminine characteristics that cisgender men may experience.

Cisgender men who wear makeup are seen as feminine and femininity is seen as weak; therefore, the conclusion is that a cisgender man who wears makeup inadequately represents their maleness because masculinity and maleness does not correlate with the usage of makeup. Furthermore, “the ideological strength of gender identity is that masculinity is easily (and deliberately) confused with biological maleness” (Leach, 2009, para. 4). This means that cisgender men who wear makeup are questioned about their gender identity when they do not meet the subjective stereotypes of masculinity; questions about biological maleness lead to questions about their sexual identity. The question of their maleness is typically drawn from the historical significance of inversion, as inversion was based on the concepts of the gender binary,

heteronormativity, and cisnormativity. These concepts have collectively contributed to hegemonic masculinity, also known as “[the characterization in] each society...by a dominant form of masculinity setting appropriate norms for masculine behaviors and attitudes” (Annes & Redlin, 2012, p. 258). Again, cognitive dissonance may occur because the stereotypes of masculinity and the stereotypes of femininity are not allowed to integrate with one another. Power cannot coexist with weakness, and control cannot coexist with submissiveness; therefore, an individual is unable to be both powerful and submissive, or weak and controlling. This dissonance may lead to an assumption that a cisgender male wearing makeup must be “gay” or have a mental illness; even if the GNC individual is gay, lesbian, or bisexual, this assumption is based in unfounded and harmful biases. These faulty assumptions and biases continue to create a social climate saturated by discrimination and stigma against GNC individuals.

Current Discrimination and Stigma Against Men Wearing Makeup

Cisgender men who wear makeup (or those who identify as gender nonconforming) face multiple stigmas and forms of discrimination; these experiences shape their realities (Bauer et al., 2009; Bradford et al., 2013). For clarification, discrimination is defined as “negative behaviors or actions toward a person or group of people based on prejudicial attitudes and beliefs about the person’s or group’s characteristics, such as sexual orientation, gender identity, or gender expression” (Veltman & Chaimowitz, 2014, p. 4). Stigma is defined as “the societal shame associated with a person based on an identity or characteristics that the dominant group devalues or finds unacceptable” (Dermer et al., 2010, p. 328). Stigma and discrimination are not limited to GNC individuals’ social experiences, but extend to their experiences within biomedicine and healthcare, impacting their access to care (Bockting et al., 2004; Cobos & Jones, 2009).

GNC individuals struggle with accessibility and acceptance in the healthcare field; as such, 50% of this marginalized group delay healthcare services when compared to 20% of the majority group (Cunningham & Felland, 2008). This disparity supports the notion that this group needs more research and resources to meet their needs. There are different levels to stigma and discrimination. Link and Phelan (2006) describe three levels of discrimination, which includes direct discrimination, structural discrimination, and internal discrimination. These types of discrimination contribute to the stigma held against GNC individuals.

Accessibility to healthcare and treatment must also be categorized in order to be understood; five different categories have been identified by Levesque et al., (2013); these categories include: (a) approachability, (b) acceptability, (c) availability, (d) affordability, and (e) appropriateness. Unfortunately, there are many instances of stigma and discrimination where these necessities are not available for GNC individuals, which often negatively impacts personal autonomy over their body and expression. Stigma and discrimination are important to consider in counseling, as it is imperative that counseling professionals exhibit unconditional positive regard when working with GNC individuals.

Application to Clinical Mental Health Counseling

Clinical Mental Health Counseling and Common Factors

Clinical mental health counseling is a field wherein “a professional relationship empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 1). Clinical mental health counselors – also simply known as counselors – work to improve society’s respective quality of life, lower the intensity of mental illnesses, and increase mental health (Smith & Robinson, 1995). According to Smith and Robinson (1995) “mental health counseling believes that a person

does not have to be sick to get better” (p. 1); as such, the mental illness is not the focus of the treatment in counseling; instead, the counselor takes a holistic approach when working with each individual. This holistic approach is accomplished through what is categorized as *common factors* in counseling.

Common factors of counseling can be summarized as the therapeutic relationship, counseling techniques, placebo, and rituals (Strong, 2019). These common factors are also linked to elements of counseling that are known as the Rogerian skills in person-centered therapy: empathy and unconditional positive regard. Halpern (2003) defines empathy as “the act of correctly acknowledging the emotional state of another without experiencing that state oneself” (p. 670). The American Psychological Association (2018) defines unconditional positive regard as “an attitude of caring, acceptance, and prizing that others express toward an individual irrespective of his or her behavior and without regard to the others’ personal standards.” These fundamentals are essential in creating trust and rapport between the counselor and the client because they emphasize the human relationship (Bailey & Ogles, 2019). These skills can be impacted by counselor biases, and therefore, can affect counselor competence and the way they work with GNC clients.

The History of Counseling Biases

Healthcare professionals have not traditionally received training specific to gender identity and expression within their generalized training in gender and sexuality; most training focuses on LGBTQIA+ terminology, stigma and discrimination, sexuality, and sexual dysfunction (Sekoni, et al., 2017). This lack of training could exacerbate the prevalence of harmful biases when working in a healthcare setting. Understanding biased attitudes and counselor competence is an integral part of therapeutic work, as these concepts go hand-in-hand

when working with clients. In order to understand and observe the limitations of their work, counselors must be able to acknowledge their level of competence in working with and serving different populations and their associated presenting issues; this is accomplished through investigating the types of biases counselors may have. Typically, counseling students are provided general education about gender and sexuality; however, there are many components that inform affirmative counseling practices that are often not included in counselor training; these include professional ethics, self-awareness, personal characteristics, listening, communicating, counseling comprehension, societal awareness, counselor training, and vocational guidance (Menne, 1975). The combination of these attributes directly affect counselor competence and bias.

The historical significance of counselor bias can be attributed, in part, to the way that the mental health field pathologized people who identified as lesbian or gay (i.e., those whose “emotional, romantic, and (or) sexual attraction [is] predominately to a person of the same sex or gender”) (Veltman & Chaimowitz, 2014, p. 4). One such example of this pathologizing lies in the historical use of the word *homosexual*. In 1973, the American Psychiatric Association (APA) removed homosexuality as a diagnosis from the second edition of the Diagnostic and Statistical Manual (DSM) (Drescher, 2015). Before this removal, there were theories that identified homosexuality as a disease. These theories date back to the 19th century and were written by medical experts who debated whether deviant sexual behaviors should be categorized as criminal behavior or as a mental illness (The History of Psychiatry and Homosexuality, 2012). Ultimately, they determined that homosexuality was a mental illness. Thus, these theories laid the fundamental belief that homosexual people’s brains were developed like the opposite sex, they were morally bad, had excessive mothers or neglectful fathers, or were sexually abused

(Drescher, 2015). Although the mental and medical health field have attempted to correct this issue by way of removing homosexuality from the DSM, society and helping professionals continue to pathologize clients who identify with the LGBTQIA+ community, as well as people whose gender expression differs from what is perceived as appropriate for men and women (Veltman, & Chaimowitz, 2014).

Although the removal of homosexuality was an attempt to depathologize and demedicalize individuals with varying sexual orientations and gender expressions, a new diagnosis in the DSM-5, *gender dysphoria* (American Psychiatric Association, 2013), has seemingly become a surrogate term for homosexuality (Sedgwick, 1991). Gender dysphoria first appeared in the DSM-III, along with the term *transsexualism*. Gender dysphoria is defined as “the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender” (American Psychiatric Association, 2013, p. 451), whereas transsexualism was described as “an incongruence between anatomic sex and gender identity” (Shulman, 2017, p. 305). Although transsexualism was removed in the DSM-IV, the DSM-5 kept gender dysphoria. One criticism of the gender dysphoria diagnosis is that it is rooted in an outdated model of gender as binary instead of gender as a spectrum (Butler, 2004), implying that the binary is the *norm* whereas individuals who are non-binary are *abnormal*. Thus, each of the DSMs have continually pathologized male effeminacy, as well as transgender individuals (Sedgwick, 1991).

These kinds of associations between gender dysphoria and homosexuality can lead to assumptions that are made by healthcare professionals regarding clients who have different gender expressions and identities. The struggle that the healthcare profession is facing is reducing this stigma and allowing these individuals access to care (Drescher, 2013). The ability

to pay for and receive healthcare comes at a cost of discrimination and stigmas associated with such diagnoses. According to Kamens (2011) this stigma can have harmful consequences that affect the social and personal wellbeing of these individuals (e.g. limitations in insurance coverage, difficulties in legal situations, and systematic discrimination within the workforce or educational settings). In the case of this study, counselors who are uninformed about the differences between clients who identify as transgender and clients who have different types of gender expressions could possibly misdiagnose clients as meeting the diagnostic criteria for gender dysphoria when they do not. This is one reason why diversity training regarding gender, specifically gender identity and expression, is vital to the health of gender nonconforming clients.

Current Counselor Bias

In order to adequately employ the common factors necessary to strengthen the therapeutic alliance, counselors are trained to continually identify, monitor, and explore their biases; after all, monitoring and bracketing biases are an essential component of counselor competency (ACA, 2014). It is especially important to monitor biases when working with diverse clients. This is a requirement of the counseling profession and is reiterated by The Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the American Counseling Association (ACA) *Code of Ethics* (2014). The ACA *Code of Ethics* (2014) specifically addresses nondiscrimination on the basis of: age, culture, disability, ethnicity, race, religion, spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, and immigration (Code C.5). Even with the inclusion of gender, gender identity, and sexual orientation, there is still a need for specific training pertaining to gender identity and gender expression.

Implications of Counselor Age

There have been studies that have investigated the effects of counselor age on the therapeutic relationship. Lasky and Salomons (1977) found that similar ages between the client and the counselor typically strengthen the therapeutic bond. Older clients are usually attracted to older, higher ranking therapists, whereas younger clients are usually attracted to younger, lower ranking therapists (Lasky & Salomons, 1997). Robiner and Storandt (1983) also found that the age of the counselor could influence the client's perception of the counselor's competence, experience, and skill level.

The literature regarding age and counselor competency is limited; many of the studies were conducted before 2000 and focus on the general effects of the counselors' and clients' age and the client's perception of the counselor instead of the counselor's perception of the client. The LGBTQIA+ community has only recently become the focus of counseling research; therefore, it is important to investigate the implications of counselors' age on this emerging topic. Another element that is important to investigate is counselors' perceptions of clients, especially the way seasoned counselors perceive clients; exploring this element can inform counselor training and education initiatives.

Implications of Counselor Gender

Gender is another component that can affect the therapeutic relationship. For example, the majority of high school students and undergraduate students prefer a female counselor for personal issues (Lee, Hallberg, Jones, & Haase, 1980; Martin & Thomas, 1982; Yanico & Hardin, 1985). Female counselors are considered to have higher skills in empathy and personability, whereas male counselors are considered more skillful in vocational elements (Bernstein, Hofmann, & Wade, 1987). Sipps and Janeczek (1986) found that traits that are

associated with female counselors are tolerance, genuineness, nurturance, trustworthiness, and responsibility. Therefore, female counselors may be more accepting of men who wear makeup based on the traits presented in the literature.

Gelso, et al., (1995) studied the intensity of countertransference between female counselors and lesbian clients, and countertransference between male clients and lesbian clients. It was found that female counselors had a more difficult time recalling sexual terms in session with their clients than male counselors, indicating that the female counselors felt more self-conscious working with lesbian clients due to the female counselors' feelings of social desirability. Social desirability is known as "an attempt to enhance some socially desirable characteristics or minimize the presence of some socially undesirable characteristics" (Turner & Martin, 1984, p. 257). The study showed that female counselors who met with lesbian clients felt the need to enhance desirable characteristics over undesirable traits. The authors were left to postulate whether or not the same would be true for male counselors and gay clients; this study could aid in answering this question and be helpful in investigating the reactions of male counselors with gender nonconforming individuals who they may categorize as being gay.

Like those exploring counselor age, these studies and research articles are dated before the year 2000; with the ever-growing evolution of these tenets, there are many unanswered questions in the literature. An additional limitation that exists within these studies is the focus on the clients' perspective. This study will aid in filling this gap by way of providing the counselor's perspective in the literature.

Counselor Education

CACREP standards outline specific criteria counselors-in-training must master in order to graduate. One of these requirements includes completion of a course related to a multicultural or

diverse populations; the purpose of this course is to gain exposure to and competence in the various populations a counselor might encounter when working in the mental health field. Current learning objectives of CACREP diverse populations/multiculturalism include: “the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities.” The references to gender and sexuality remain underdeveloped (Robinson, 2017). The findings from this study could substantiate the need for additional coursework about gender expression and stereotypes, as well as counselor awareness of clients who challenge societal gender expectations and gender norms. The findings of this study could also indicate the need for updated standards in counseling curriculum, as well as additional training for current counseling professionals, as atypical gender expression through makeup is a newer concept that has not been extensively explored, and therefore might not have been discussed in counseling programs.

Counselor Continuing Education and Training

Continuing education is defined as the “need to maintain a currency of professional practice, knowledge, and skills” (Faherty, 1979, p. 12). Continuing education serves to protect the public, maintain integrity of the profession, and hold professionals accountable (Taylor, et al., 2019). This can be accomplished through conferences, webinars, symposiums, presentations, and lectures. Continuing education is vital for counseling professionals so that they can apply relevant and new research to empirically supported therapeutic interventions.

Although the purpose for continuing education is to inform healthcare professionals of new research, there are limitations that have been noted. Continuing education has been referred to as an “unfulfilled promise” regarding the original mission of continuing education credits (CEU) (Neimeyer, et al., 2013). Some of these limitations include professionals simply trying to

get “seat time” and viewing CEU hours as “clock hours,” eliminating chances for self-reflection, which is essential in the healthcare profession (Neimeyer, et al., 2013). Unfortunately, this could continue to contribute to counselor incompetence regarding gender expression, gender identity, and best practices when working with gender nonconforming individuals. In general, counseling research is lacking in not only gender expression and identity, but also continuing education regarding this subtopic. Therefore, the current study can create new objectives and models for future continuing education training.

Summary

After conducting a review of the literature to explore the effects of discrimination and prejudice on gender nonconforming individuals, the literature indicated that 75% of this minority population interacts with various healthcare settings, compared to only 20% of the majority population (James et al., 2016). One in five individuals reported being refused care for being gender nonconforming, 28% experienced harassment in a healthcare setting, and 28% experienced postponed care due to being a gender nonconforming individual (New Report Reveals Rampant Discrimination, 2010). These findings suggest that gender nonconforming individuals are more vulnerable to discrimination and biases from healthcare professionals, which ultimately can harm their mental wellbeing.

Because gender expression and gender identity are emerging topics, there is limited empirical research investigating the way that healthcare professionals – specifically, mental health counselors – should navigate these dynamics in the counseling room. In order to contribute to the literature regarding counselors working with GNC individuals, a survey research design was used to examine the relationship between counselor age, counselor gender,

level of multicultural training and education and perceived counselor competence when presented with theoretical GNC male clients.

CHAPTER III: METHODOLOGY

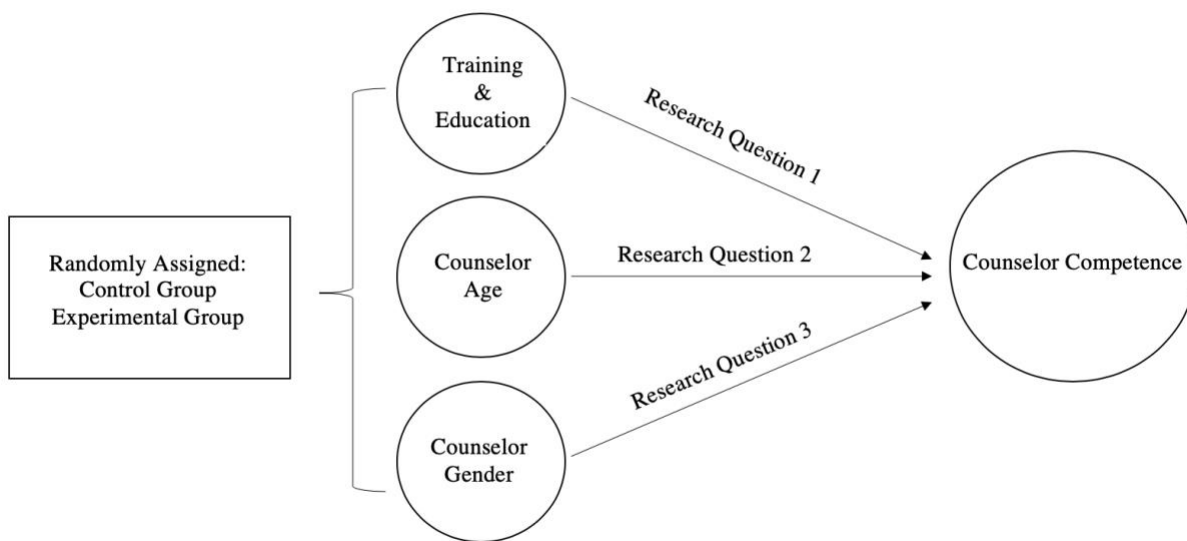
Introduction

The purpose of this quantitative study was to explore the relationship between counselors' age, gender, and training on perceived counselor competence with theoretical GNC clients, as reported by counseling professionals. A randomized experimental research design was utilized to answer three research questions:

Conceptual Framework

Figure 1 depicts the conceptual framework for the research questions.

Figure 1. Conceptual Framework



Research Questions and Hypotheses

Research Question 1:

Is there a difference between the control group and experimental group in their perceived counselor competency when controlling for multicultural training specific to the LGBTQIA+

community and gender minorities for counseling students and professionals working with the theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 1:

When comparing the control group and the experimental group, the participants with more training specific to the LGBTQIA+ community and gender minorities will have statistically significantly higher levels of perceived counselor competence with the theoretical GNC male clients wearing makeup in the pictures.

Research Question 2:

Does counselor age impact perceived counselor competence when working with the theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 2:

The older age group will be associated with statistically significantly lower competence when working with the theoretical GNC male clients wearing makeup in the pictures.

Research Question 3:

Does counselor gender impact perceived counselor competence when working with theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 3:

Females and gender minority counselors will be associated with statistically significantly higher competence when working with the theoretical GNC male clients wearing makeup in the pictures.

Research Design

For this research study, a randomized experimental research survey design was utilized. Non-probability, convenience sampling was used to elicit participants. According to Avedian

(2014), survey designs can be used when gathering information that cannot be easily observed based on a population's attitudes, behaviors, opinions, and beliefs in order to test research questions and hypotheses. The success of a survey design is based on how closely the answers match the actual thoughts and behaviors of the participants (Avedian, 2014).

The variables that were explored in this study included: (a) counselor age, (b) counselor gender, (c) level of training and education, and (d) perceived counselor competence. The independent variables included: (a) counselor age, (b) counselor gender, and (c) level of training and education. The dependent variable investigated was perceived counselor competence. All statistical analyses were conducted using Statistical Package for the Social Sciences (SPSS). Analyses included analyzing descriptive statistics and conducting a linear regression to assess the relationship among the independent and dependent variables.

A randomized experimental research design was utilized for this study. A randomized experiment design is one that allows researchers to "randomly assign participants to different conditions of the experimental variable. Individuals in the experimental group receive the experimental treatment, whereas those in the control group do not" (Creswell, 2015, p. 309). In the case of this experiment, participants were randomized into one of two groups; the experimental group or the control group. When completing the survey questionnaire, participants randomized into the experimental group responded to the survey questions after viewing images of GNC males wearing makeup; the control group received images of cisgender males without makeup and completed the same questionnaire as the experimental group.

Group comparisons were explored. A group comparison is known as "the process of a researcher obtaining scores for individuals or groups on the dependent variable and comparing

the means and variance both within the group and between the groups” (Creswell, 2015, p. 302).

Group comparisons included within group differences and between group differences in the experimental and control groups; the differences between the experimental group (men with makeup) and the control group (men without makeup) were analyzed.

Population and Sample

The population of interest for this study consisted of Masters students in a counseling program, counselors seeking licensure (e.g., registered mental health counseling interns or associate counselors), and licensed professional counselors (or state equivalent); for the remainder of this study, this population will be referred to as *counseling professionals*. A *sample size formula* was used to determine the number of individuals needed to participate in the study. A sample size formula “is one of the first practical steps and statistical principles in designing a clinical trial to answer the research question” (Gupta, et al., 2016, para. 4), as this formula determines the size of a sample within a population for a research study (Creswell, 2015). Based on the results of a sample size power analysis formula calculation, the desired sample size was 53 counseling professionals.

IRB approval

In compliance with human research and ethical guidelines, approval for this quantitative study was received from the University of North Florida’s Institutional Review Board (IRB) Committee (IRB #: 1573439-1). Collaborative Institutional Training Initiative (CITI) was also completed.

Data Collection

People who met the requirements of the research study – counseling students and counseling professionals over the age of 18 who reside in the United States – were invited to participate. There were various methods used to invite people to participate. The researcher: (a) sent email announcements to various universities with Masters counseling programs, (b) sent email announcements to various counseling agencies and practices, (c) sent email announcements to counselor education and supervision programs, and (d) posted the anonymous link to various social media platforms for counseling professionals.

Procedures

Prospective participants were sent a recruitment email (Appendix E) inviting them to participate in the study; the email included an overview and eligibility requirements of the study. If the prospective participants met the eligibility requirements and decided to participate, they were instructed to select the link that would take them to a Qualtrics survey. Before they could begin the survey, the prospective participants were provided with an informed consent document (Appendix F). The informed consent document included: the purpose of the study, procedures, right to decline or withdraw, potential risks, potential benefits, confidentiality, contact information for the principal investigator and co-investigator, and information about IRB approval. After the prospective participants reviewed the information and provided consent, they would then advance to the Qualtrics survey (Appendix F). The Qualtrics survey was composed of 33 questions and gathered data regarding the participants' demographic information, level of training and education, and perceived counselor competency. After participants completed the Qualtrics survey, they were directed to close the survey.

Instrumentation

Participants were asked to provide demographic information. Demographic information included participants' age; ethnicity; gender; sexual orientation; level of education; professional status; total number of hours in multicultural and diversity training; total number of training hours specific to the LGBTQIA+ community, gender, gender identity, and/or gender expression; graduation date; and geographical region. Counselor age was split into four categories: Generation Z (age below 25), Millennials (ages 26-43), Generation X (ages 44-55), and Baby Boomers (ages 56-74) (Williams & Page, 2011). Counselor gender was split into two groups, with the first group consisting of gender minorities and females, and the second group consisting of males. The third independent variable – level of training – was left as a continuous variable. In addition to providing demographic data, participants also completed the Sexual Intervention Self-Efficacy Scale (SISES; Miller & Byers, 2008). The SISES measures counselors' perceived competence in working with clients who experience sexual issues; this data was collected and coded as a continuous variable. The instrument was adapted to specifically measure counselors'

Perceived Counselor Competency: Sexual Intervention Self-Efficacy Scale

Perceived counselor competency was measured using the Sexual Intervention Self-Efficacy Scale (SISES; Miller & Byers, 2008). The instrument has been previously tested for reliability and validity. The SISES is a 19-item scale with three subscales: (1) Comfort/Bias Self-Efficacy, (2) Skill Self-Efficacy, and (3) Information Self-Efficacy.

Phase one of the SISES scale developed by Miller and Byers (2008) was based on self-efficacy literature, existing measures, and sex therapy research from Al-Darmak (2004), Bandura (1997), Forester et al. (2004), Havery and McMurray (1994), and Holden et al. (2002). The SISES was originally a forty-three-item scale that measured four concepts of sexual self-

efficacy: (1) Sex Therapy Skills, (2) Relaying Sexual Information, (3) Exhibiting Comfort with Sexual Topics, and (4) Exhibiting Personal Bias. Phase two incorporated feedback from the responses of 12 clinical psychology students. Byers and Millers reduced the scale to 23 items. Phase three reduced the scale from four factors to three factors by using factor analysis. Exhibiting Comfort with Sexual Topics was combined with Exhibiting Personal Bias. Phase four reduced the scale from 23 items to 19 items. The subscales now read as: (1) Comfort/Bias Self-Efficacy, (2) Skill Self-Efficacy, and (3) Information Self-Efficacy.

The SISES scale has “moderate to high internal consistency with clinical psychology graduate students as well as evidence for the scale’s validity” (Miller & Byers, 2011, p. 13). There were high levels of internal consistency with the sample in the three conceptual subscales: Sex Therapy Skills $\alpha = .88$, Relaying Sexual Information $\alpha = .82$, Sexual Comfort/Bias $\alpha = .64$, Total Sexual Intervention Self-Efficacy Scale $\alpha = .92$ (Miller & Byers, 2011, p. 13).

The SISES scale ultimately measures perceived counselor competence with a specific area of expertise; because there are limited scales that are available for counseling professionals and counseling students, “researchers often adapt existing questionnaires to better fit the purpose of their study” (Sousa, Matson, & Lopez, 2016, p. 1); as such, the scale was adapted to meet the specific criteria for gender nonconforming clients. Advantages of using pre-existing scales include conveying the of the enquiry as intended, gaining information in the intended manner, and minimizing the time constraints in creating new scales (Biemer & Lyberg, 2003). Given the constraints, using pre-existing questions from the SISES scale instead of creating a new scale will strengthen the current study.

For this study, two out of the three scales were utilized; the two scales include: (1) Comfort/Bias Self-Efficacy and (2) Skill Self-Efficacy. The 19-item-scale became 12 items with the adjustments for this survey. The statements were adapted to measure issues specifically pertaining to gender nonconforming individuals. The adaptation included altering one to two words in each statement. For example, one of the statements in the original scale states, “I have very little knowledge of the interventions used to treat *sexual problems*”; it was adapted to “I have very little knowledge of the interventions used to treat the presenting problems of the *individual depicted in the picture*.” For the adaptation of the scale, the researcher removed the presenting problem that was being measured (sexual issues) and replaced it with the population that is being measured for this survey (gender nonconforming individuals). The subscales now reflect: (1) Comfort/Bias Self-Efficacy with GNC individuals, and (2) Skill Self-Efficacy with GNC individuals. Likert scale ranging from 6 (*strongly disagree*) to 1 (*strongly agree*); questions 5-7 and 9 were reverse scored.

Theoretical Clients: Pictures of Gender Nonconforming Individuals

The photos (Appendix D) used to exemplify gender nonconforming individuals were taken from a public forum. The men in the photos are known as medium- to larger-scale YouTube beauty guru celebrities. The pictures of the men without makeup were also taken from a public forum and also have larger social media followings. Each participant was randomized into either the control group (wherein they responded to the SISES after viewing men without makeup) or the experimental group (wherein they responded to the SISES after viewing cisgender men with makeup).

Data Analysis

Descriptive statistics were used to organize and understand the features of the sample collected in this study (Trochim, 2020). Descriptive statistics aid the researcher in summarizing the overall trends in a study, based on general tendencies, variability, and relative standing (Creswell, 2015). Central tendency includes mean, median, and mode; variability includes variance, standard deviation, and range; relative standing includes z scores and percentile ranks (Creswell, 2015). These elements help describe the independent and dependent variables. Counselor age was coded as a categorical variable in order to compare perceived counselor competence between the older generations and younger generations. Counselor gender was also coded as a categorical variable in order to compare gender minority and female counselors perceived competence to male counselors perceived competence. In order to answer the research questions, a linear regression was used.

Summary

In order to investigate the relationship between counselor age, counselor gender, multicultural training and education, and perceived counselor competence in working with gender nonconforming individuals, a survey design was used. Non-probability, convenience sampling was used to elicit participants. These participants were randomized into either the experimental group or the control group. For counseling professionals and counseling students who met the requirements to participate in the study, an assessment was administered to measure each construct. A linear regression was conducted to assess the relationship among the independent variables (counselor age, counselor gender, level of multicultural training and education) and the dependent variable (perceived counselor competence).

CHAPTER IV

Introduction

This research was designed to examine the relationship among (a) counselor age, (b) counseling gender, (c) level of diversity training, and (e) perceived counselor competence with gender nonconforming people. Specifically, participants completed: (a) demographic questionnaire that included participants age; ethnicity; gender; sexual orientation; level of education; professional status; total number of hours in multicultural and diversity training; total number of training hours specific to the LGBTQIA+ community, gender, gender identity, and/or gender expression; graduation date; and geographical region; and (b) the Sexual Intervention Self-Efficacy Scale (SISES; Miller & Byers, 2008).

To start, the response rate is discussed, followed by a discussion of descriptive statistics, and finally, inferential statistics. Descriptive analyses included an examination of participant characteristics, central tendency, and variability. Inferential analyses were used to address each research question and hypothesis. All statistical analyses were conducted using Statistical Package for the Social Sciences (SPSS).

Response Rate

The data were extracted from Qualtrics and cleaned. Cleaning the data included deleting start and end times, time needed to complete the survey, the date the survey was completed, as well as incomplete responses. After the data was cleaned, SPSS was used to evaluate response rate and conduct descriptive and inferential analyses.

An initial review of the data revealed that 121 people entered the survey (i.e., provided consent to participate in the survey) and 1 survey was “in progress.” After thorough examination of the

data, 26 surveys were eliminated (i.e., deleted listwise) as a result of missing information. The 26 surveys that were eliminated included: 24 respondents who provided consent to participate and completed the demographics section but did not complete the SISES scale for the two pictures in the survey; and two respondents provided consent to participate but did not provide any further information. After reviewing the data and eliminating incomplete surveys, the total number of participants included in this study was 95, with 49 participants in the experimental group and 46 in the control group. Participants in this study were composed of counseling professionals and counseling students.

Descriptive Analyses

Participant characteristics were analyzed as a first step in gaining an understanding of the data collected. Central tendencies (i.e., mean and median) and the variance of scores (i.e., range and standard deviation) were reviewed for demographic variables: (a) participants age, (b) ethnicity, (c) gender, (d) sexual orientation, (e) geographical location, (f) level of education, (g) professional status, (h) total number of hours in multicultural and diversity training, (i) total number of training hours specific to the LGBTQIA+ community, gender, gender identity, and/or gender expression, and (j) graduation date.

Participant Characteristics

Age

The age range of all participants fell between 23 and 73. The mean age was 38.73 years old with a standard deviation of 13.62 years. The mean age of the control group ($n = 46$) was 38.85 years old with a standard deviation of 14.244. The mean age of the experimental group ($n = 49$) was 38.62 with a standard deviation of 13.157.

Ethnicity

Table 1 summarizes the ethnicity of the participants, as well as the demographics that made up both the experimental and control groups. The majority of participants, 77.6%, reported being White/Caucasian. The majority of participants in the control group, 74%, and majority of participants in the experimental group, 78%, reported being White/Caucasian in the experimental group. As such, the other ethnicity groups listed are underrepresented in this sample.

Table 1

Demographics for Ethnicity

Ethnicity	Frequency (Percent) Control	Frequency (Percent) Experimental	Frequency (Percent) Total
African-American/Black	2 (4%)	3 (6%)	5 (5.1%)
Asian	3 (6%)	2 (4%)	4 (4.1%)
Hispanic/Latino	1 (2%)	6 (12%)	6 (6.1%)
Multiracial	2 (4%)	-	4 (4.1%)
White/Caucasian	37 (74%)	38 (78%)	76 (77.6%)
Prefer not to say	1 (2%)	-	1 (1%)

Note. n = 95. Control. n = 46. Experimental. n = 49.

Gender

Table 2 summarizes the gender of the participants, as well as the demographics that made up both the experimental and control group. Majority of the participants, 75.5%, reported being Female. Majority of the participants in the control group, 64%, reported being Female, and the majority of participants in the experimental group, 84%, reported being Female. As such, the other gender groups listed are underrepresented in this sample.

Table 2

Demographics for Gender

Gender	Frequency (Percent) Control	Frequency (Percent) Experimental	Frequency (Percent) Total
Female	33 (64%)	41 (84%)	73 (75.5%)
Gender fluid	1 (2%)	-	1 (1%)
Male	12 (24%)	6 (12%)	17 (17.3%)
Nonbinary	1 (2%)	2 (2%)	3 (3.1%)
Transman	-	1 (2%)	1 (1%)

Note. $n = 95$. *Control.* $n = 46$. *Experimental.* $n = 49$.

Sexual Orientation

Table 3 summarizes the sexual orientation of the participants, as well as the demographics that made up both the experimental and control group. The majority of the participants, 79.6%, reported being Heterosexual/Straight. The majority of the participants in the control group, 72%, reported being Heterosexual/Straight, and majority of the participants in the experimental group, 82.4%, reported being Heterosexual/Straight. The “something not listed” category included Demisexual.

Table 3

Demographics for Sexual Orientation

Sexual Orientation	Frequency (Percent) Control	Frequency (Percent) Experimental	Frequency (Percent) Total
Asexual	1 (2%)	-	1 (1%)
Bisexual or bicurious	4 (8%)	2 (3.9%)	6 (6.1%)
Gay	2 (4%)	-	2 (2%)

Heterosexual or Straight	36 (72%)	42 (82.4%)	79 (79.6%)
Lesbian	-	2 (3.9%)	2 (2%)
Pansexual	1 (2%)	2 (3.9%)	3 (3.1%)
Queer	1 (2%)	-	3 (3.1%)
Questioning	2 (4%)	2 (3.9%)	1 (1%)
Something not listed	-	1 (2%)	1 (1%)

Note. n = 95. Control. n = 46. Experimental. n = 49.

Geographical Location

Table 4 summarizes the geographical location of the participants, as well as the demographics that made up both the experimental and control group. The majority of the participants, 73.5%, were located in the Southeast region of the US. The majority of the participants in the control group, 62.7%, were located in the Southeast region of the US, and the majority of participants in the experimental group, 78.4%, were located in the Southeast region of the US.

Table 4

Demographics for Geographical Location

Geographical Location	Frequency (Percent) Control	Frequency (Percent) Experimental	Frequency (Percent) Total
Southeast	31 (62.7%)	40 (78.4%)	71 (73.5%)
Southwest	4 (7.8%)	-	4 (4.1%)
West	2 (3.9%)	1 (2%)	5 (5.1%)
Midwest	7 (13.7%)	6 (11.8%)	11 (11.2%)
Northeast	1 (2%)	3 (5.9%)	4 (4.1%)

Note. n = 95. Control. n = 46. Experimental. n = 49.

Level of Education

Table 5 summarizes the level of counseling education of the participants, as well as the demographics that made up both the experimental and control group. The majority of the participants, 53.1%, reported having attained a MA, MS, or ED.S in counseling. The majority of the participants in the control group, 47.1%, reported having attained a MA, MS, or ED.S, and majority of the participants in the experimental group, 54.9%, reporting having attained a MA, MS, or ED.S in counseling.

Table 5

Demographics for Level of Education

Level of Education	Frequency (Percent) Control	Frequency (Percent) Experimental	Frequency (Percent) Total
Currently in counseling program	12 (23.5%)	10 (19.6%)	22 (22.4%)
MA, MS, or ED.S in counseling	24 (47.1%)	27 (54.9%)	51 (53.1%)
PhD, EdD, PsyD in counseling	10 (19.6%)	12 (23.5%)	22 (22.4%)

Note. $n = 95$. *Control.* $n = 46$. *Experimental.* $n = 49$.

Current Status as a Counseling Professional

Table 6 summarizes the current licensure status of the participants, as well as the demographics that made up both the experimental and control group. The majority of the participants, 49%, reported to be licensed counselors. The majority of the participants in the control group, 41.8%, reported to be licensed counselors, and the majority of the participants in the experimental group, 45.5%, reported to be licensed counselors.

Table 6

Demographics of Professional Status

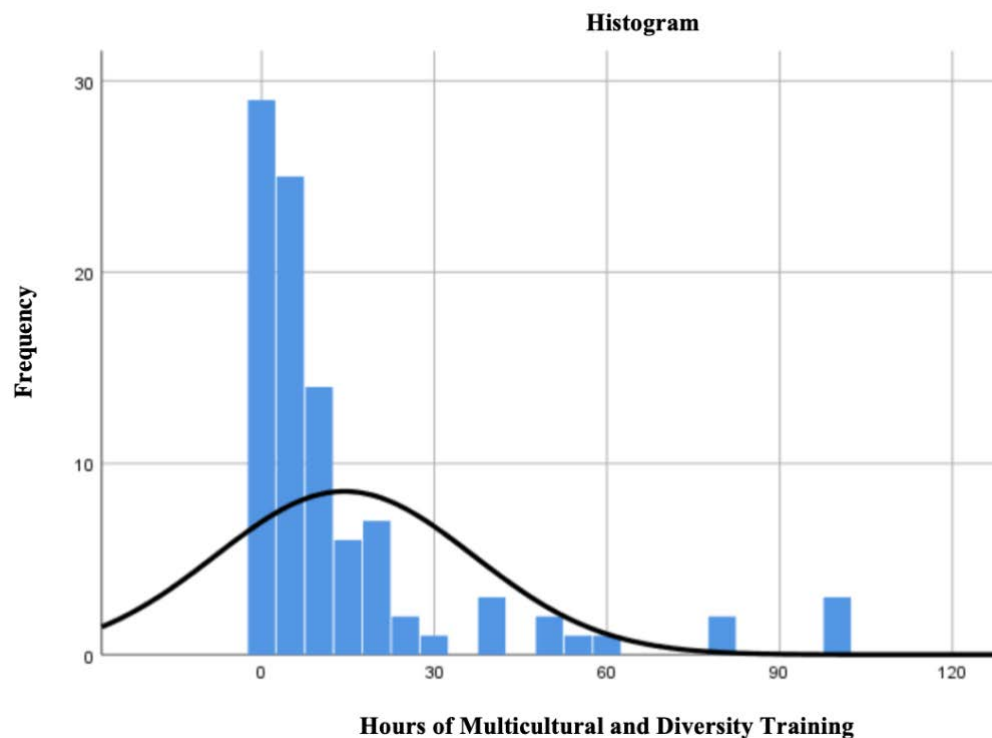
Professional Status	Frequency (Percent) Control	Frequency (Percent) Experimental	Frequency (Percent) Total
Master student in counseling	12 (21.8%)	9 (16.4%)	21 (21.4%)
Registered counselor intern	8 (14.5%)	14 (25.5%)	22 (22.4%)
Postdoctoral counselor	3 (5.5%)	2 (3.6%)	5 (5.1%)
Licensed counselor	23 (41.8%)	24 (45.5%)	47 (49%)

Note. $n = 95$. *Control.* $n = 46$. *Experimental.* $n = 49$.

Hours of Multicultural and Diversity Training

The hours of multicultural and diversity training of the participants range between 0 and 100. The mean was 14.4 hours with a standard deviation of 22.43. Chart 1 summarizes the average number of trainings.

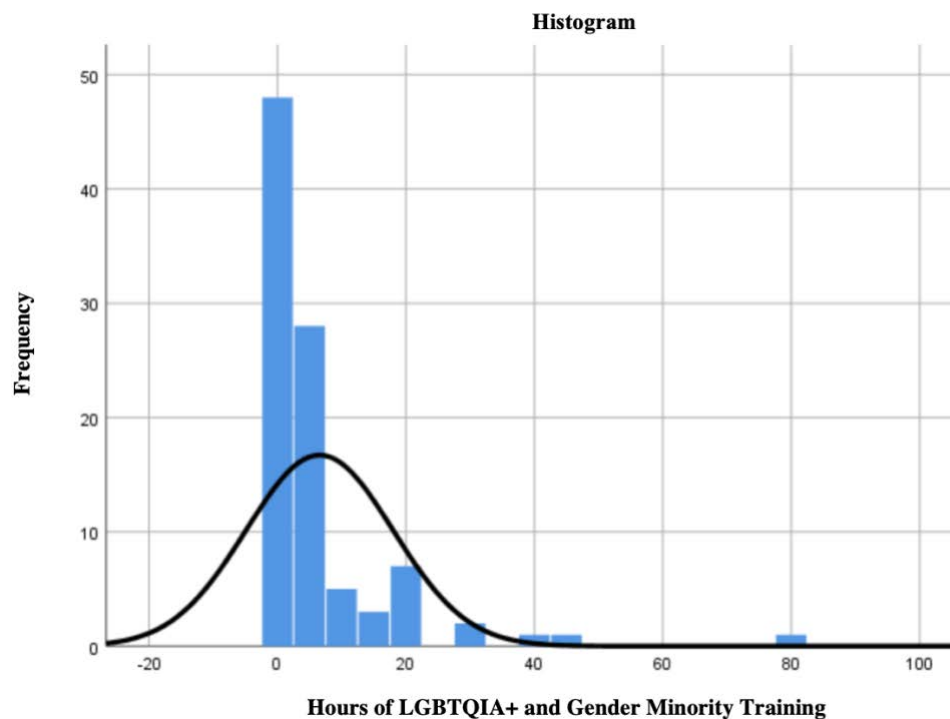
Chart 1



Hours of LGBTQIA+ and Gender Minority Training

The hours of multicultural and diversity training specific to the LGBTQIA+ community and gender minorities in the last two years for the participants range between 0 and 80. The mean was 6.55 hours with a standard deviation of 11.45. Chart 2 summarizes the average number of trainings.

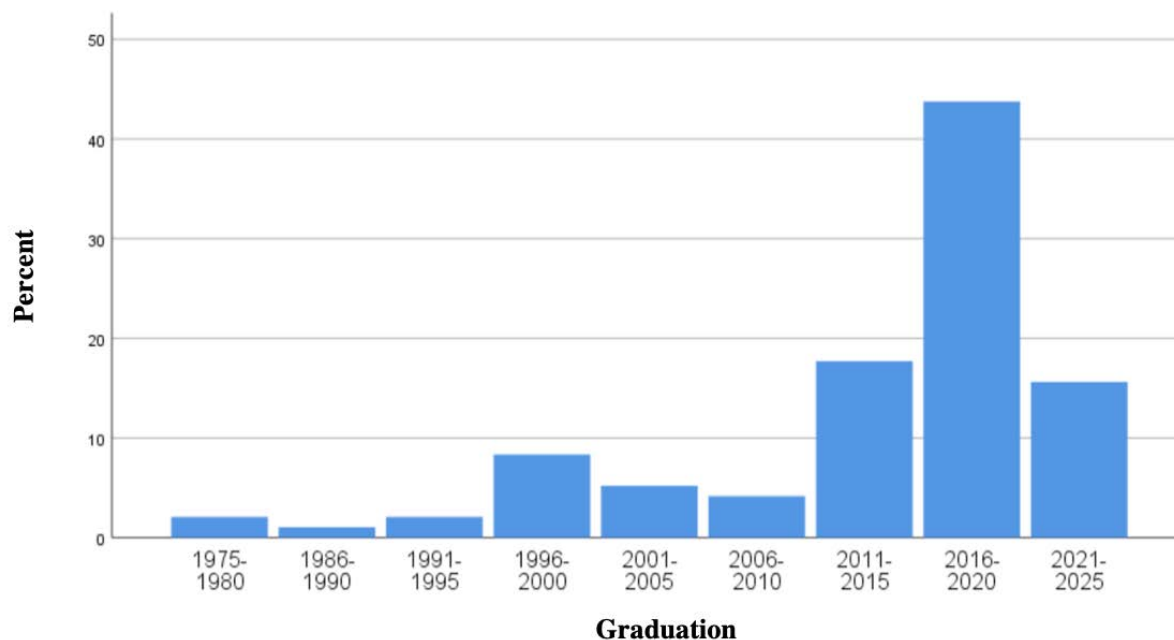
Chart 2



Graduation Date

The year of graduation or expected graduation year of the participants range between 1977 and the anticipated graduation date of 2025. The majority of the participants graduated between 2016-2020. Chart 3 summarizes the participants' year of graduation and anticipated graduation year.

Chart 3



Measure of Central Tendency and Standard Deviation

After analyzing demographic information, central tendencies and skewness were analyzed for each of the adapted items included in the SISES. On the SISES, responses are rated on a 6-point Likert scale. Questions 1-4, 8, and 10-12 range from 6 (*strongly disagree*) to 1 (*strongly agree*). Questions 5-7 and 9 were reverse scored. Higher summed scores indicate greater perceived efficacy (Millers & Byers, 2008).

Table 7 summarizes the mean and standard deviation for each of the items included in the SISES in the control group and the experimental group. A review of central tendencies for the first subscale of the control group, Comfort/Bias Self-Efficacy, revealed that the response “If this individual told me they were having problems, I would refer them to another clinician” had the highest mean (5.63), indicating that participants strongly disagreed with the statement. “I worry that I would seem uncomfortable if this client talked to me about their problems” had the lowest

mean (1.35), indicating that participants strongly disagreed with the statement, as it was reverse scored. For the second subscale, Skill Self-Efficacy, the item “I would probably do more harm than good if I tried to work with the individual depicted in the picture” had the highest mean (5.65), indicating that participants strongly disagreed with the statement. “I think that it would be best to refer this client if they had a concern/problem” had the lowest mean (1.49), indicating that participants strongly disagreed with the statement, as it was reverse scored. The responses indicated that the sample reported slightly higher levels of comfort and self-efficacy in perceiving their competency for the men without makeup.

A review of central tendencies for the first subscale of the experimental group, Comfort/Bias Self-Efficacy, revealed that the response “If this individual told me they were having problems, I would refer them to another clinician” had the highest mean (5.44), indicating that participants strongly disagreed with the statement. I worry that I would seem uncomfortable if this client talked to me about their problems” had the lowest mean (1.48), indicating that participants strongly disagreed with the statement, as it was reverse scored. For the second subscale, Skill Self-Efficacy, the item “I would probably do more harm than good if I tried to work with the individual depicted in the picture” had the highest mean (5.74). “I think that it would be best to refer this client if they had a concern/problem” had the lowest mean (1.74), indicating that participants strongly disagreed, as this statement was reverse scored. The responses for both subscales were negatively skewed (i.e., the scores clustered towards the right tail) indicating, overall, that the sample reported higher levels of comfort and self-efficacy in perceived competency for the men with makeup.

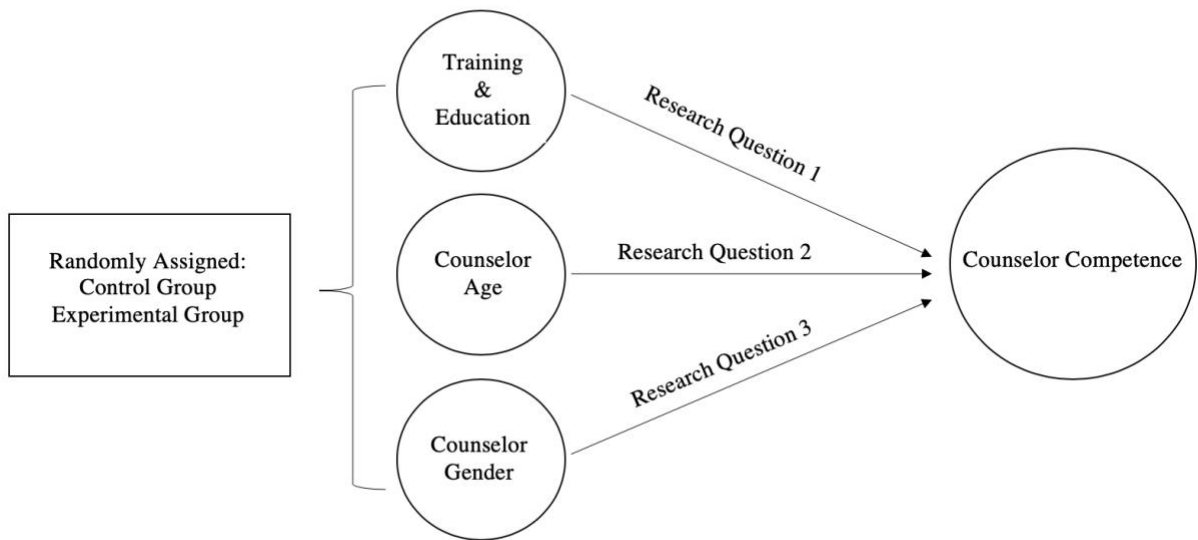
Sexual Intervention Self-Efficacy Scale Item Means and Standard Deviations

Item	Control Mean (Experimental Mean)	Control <i>SD</i> (Experimental <i>SD</i>)
I have very little knowledge of the interventions used to treat the presenting problems of the individual depicted in the picture.	1.95 (1.92)	.842 (.966)
There are issues related to the potential presenting problem that I would not feel comfortable discussing with the theoretical client depicted in the picture.	1.56 (1.54)	.779 (.762)
I am unfamiliar with the techniques used to intervene with the individual depicted in the image.	2.04 (1.98)	1.134 (1.134)
If this individual told me they were having problems, I would refer them to another clinician.	5.63 (5.44)	.645 (.972)
I am fairly certain that my own biases will not hinder my ability to effectively treat the individual depicted in the image.	5.11 (4.78)	1.159 (1.611)
I know some techniques that can help the individual depicted in the image.	5.09 (5.04)	.890 (1.087)
I am able to teach this client specific skills to deal with their presenting problems.	4.96 (4.98)	.893 (1.152)
I think that it would be best to refer this client if they had a concern/problem.	1.49 (1.74)	.623 (1.121)
I will be able to treat this client's problems even when I don't necessarily agree with their decisions/actions.	1.52 (1.50)	.781 (.735)
This individual is someone that I do not know how to treat.	5.48 (5.40)	.781 (8.57)
I worry that I would seem uncomfortable if this client talked to me about their problems.	1.35 (1.48)	.604 (.789)
I would probably do more harm than good if I tried to work with the individual depicted in the picture.	5.65 (5.74)	.822 (.487)

Inferential Statistics

Figure 1 depicts the conceptual framework for the research questions.

Figure 1. Conceptual Framework



Three research questions and three hypotheses were the subject of the data analyses in this study. Results for Research Questions and Hypotheses 1 through 3 are presented. For Research Questions and Hypotheses 1 through 3, a linear regression was used to examine the relationship between each of the three independent variables (level of diversity and multicultural training, counselor age, and counselor gender) and the dependent variable (perceived counselor competence). For Research Questions and Hypotheses 1 through 3, the directional hypotheses were either rejected or accepted, with alpha set at .05.

Research Question 1:

Is there a difference between the control group and experimental group in their perceived counselor competency when controlling for multicultural training specific to the LGBTQIA+

community and gender minorities for counseling students and professionals working with the theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 1:

When comparing the control group and the experimental group, the participants with more training specific to the LGBTQIA+ community and gender minorities will have statistically significantly higher levels of perceived counselor competence the theoretical GNC male clients wearing makeup in the pictures. A linear regression analysis was utilized to determine if there was a correlation between the LGBTQIA+ community and gender minority training and counselor competency in the control and experimental group; the results indicated that the relationship was not statistically significant; therefore, the directional hypothesis was rejected.

Research Question 2:

Does counselor age impact perceived counselor competence when working with the theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 2:

The older age group will be associated with statistically significantly lower competence when working with the theoretical GNC male clients wearing makeup in the pictures. A linear regression analysis was utilized to determine if there was a correlation between the age and perceived counselor competency in the control and experimental group; the results indicated that the relationship was not statistically significant. Therefore, the directional hypothesis was rejected. However, the results displayed a trend towards significance. Specifically, the results indicated that Baby Boomers (ages 56-74 years), the oldest group from this sample, are eight times more likely to rate themselves as more competent than Gen Z (ages 8-25 years; for this

study, participants range from 23-25), the youngest group in this sample. This finding might indicate that the older generation are more likely to overestimate their competence due to having more clinical experience; whereas the younger generations – novice counselors – may underestimate their competence as counselors because they do not have as much field experience.

Research Question 3:

Does counselor gender impact perceived counselor competence when working with theoretical GNC male clients wearing makeup in the pictures?

Research Hypothesis 3:

Females and gender minority counselors will be associated with statistically significantly higher competence when working with the theoretical GNC male clients wearing makeup in the pictures. A linear regression analysis was utilized to determine if there was a correlation between the gender and perceived counselor competency in the control and experimental group; the results indicated that the relationship was not statistically significant; therefore, the directional hypothesis was rejected.

Overview of Linear Regression

A linear regression analysis was utilized to investigate significant correlations between the independent variables (counselor age, counselor gender, and level of diversity training) and the dependent variable (perceived counselor competency). Table 8 summarizes the findings.

Table 8

Overview of Correlations between Counselor Age, Counselor Gender, Level of Diversity Training, and Perceived Counselor Competence

Correlation with Perceived Counselor Competence	Linear Regression Correlation	<i>p</i> Value	Reject Directional Hypothesis	Accept Directional Hypothesis
Counselor Age	.863	0.05	X	
Counselor Gender	.646	0.05	X	
Diversity Training	Gen X – 0.574 Boomers – 0.65	0.05	X	

Note. n = 95. Control. n = 46. Experimental. n = 49.

Additional Findings

Although results of the linear regression did not indicate statistical significance, group comparisons did indicate a trend towards significance regarding counselor competencies between groups. Specifically, results indicated that 21 people in the experimental group indicated lower levels of counselor competence, versus 13 people in the control group who indicated lower levels of perceived counselor competence in the control group. Additionally, 28 out of 61 participants in the experimental group indicated high levels of competency working with GNC people, versus 33 out of the 61 participants in the control group. Overall, counselors in the experimental group were half as likely to rate themselves as highly competent in comparison to the control group.

Table 9 depicts the comparison between the control and experimental group.

Table 9

Comparisons Between Control and Experimental Groups

Competency	Control	Experimental	Total
Low Competence	13	21	34

	28.3%	42.9%	35.8%
High Competence	33	28	61
	71.7%	51.7%	64.2%

Note. n = 95. Control. n = 46. Experimental. n = 49.

Summary

This study examined the relationship among (a) level of training in diversity and multiculturalism, (b) counselor age, (c) counselor gender, and (d) perceived counselor competence reported by counseling professionals. Overall, the majority of the respondents who participated in this study reported that they were female, White/Caucasian, heterosexual/straight, graduated between the years of 2016-2020, were licensed state professionals who had received an M.A., M.S., or M.Ed. in counseling, from the Southeast of the US, ranged in age from 23 to 74 years old, and received a mean of 6.5 hours of LGBTQIA+ diversity training.

A linear regression analysis indicated that there was not a statistically significant relationship between counselor age, counselor gender, LGBTQIA+ training, and perceived counselor competency; therefore, all directional hypotheses were rejected. However, after comparing the control group to the experimental group, the experimental group was trending toward reporting significantly less competence than the control group. The next chapter will offer a discussion of these results, their implications, and suggestions for future research.

CHAPTER V: DISCUSSION

Introduction

The purpose of this quantitative randomized experimental research study was to investigate the relationship among counselors' age, gender, and level of diversity training, and explore how these variables affect perceived counselor competence in working with theoretical gender nonconforming cisgender male clients wearing makeup. Participants completed the Sexual Intervention Self-Efficacy Scale (SISES; Miller & Byers, 2008) and demographic questions. The demographic questions included: (a) gender, (b) sexual orientation, (c) age, (d) ethnicity/race, (e) geographic local, (f) level of education, (g) professional status, (h) diverse populations/multicultural counseling training, (i) training in gender identity and/or expression, (j) graduation date or anticipated graduation date, (k) hours of total diversity training accumulated in the past two years, and (l) number of hours in diversity training specific to the LGBTQIA+ community, gender identity, gender expression, and/or types of gender.

The majority (49%) of respondents who participated in this study reported that they were licensed counselors; had attained a MS, MA, or ED.S in counseling (53.1%); ranged in age from 23 to 74 years old; were majority (77.6%) Caucasian; were majority female (75.5%); were majority heterosexual/straight (79.6%); were predominately located in the Southeast (73.5%); had graduated between the years of 2016 to 2020; and had received an average of 6.5 hours of LGBTQIA+ and gender minority training with a range of 0 hours to 80 hours in the last two years.

Research Questions, Hypotheses, and Conceptual Framework

Table 10 depicts the three research questions and three hypotheses that were the subject of the data analyses in this study.

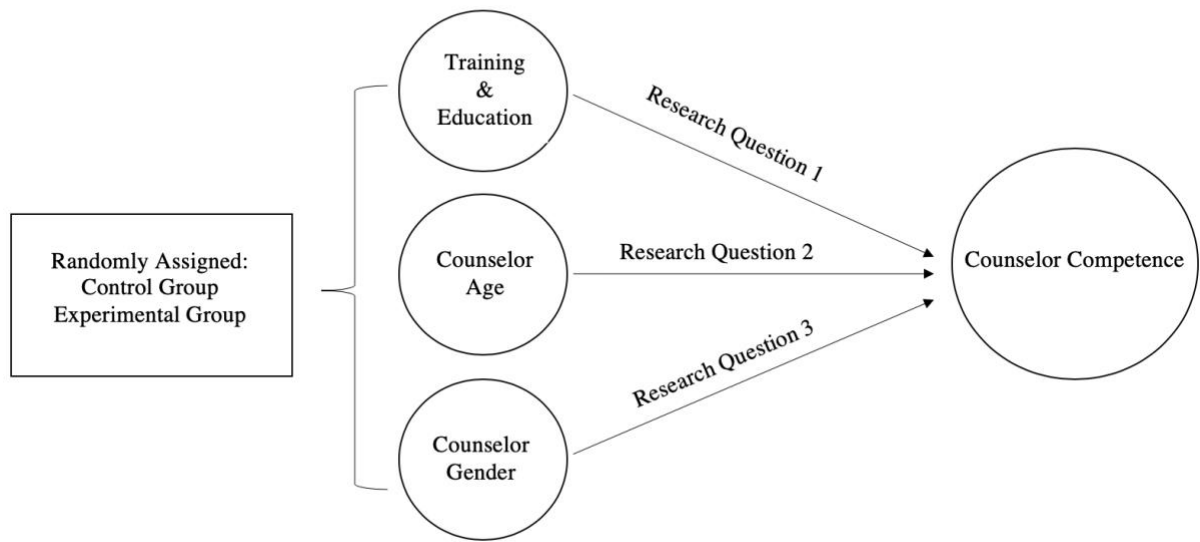
Table 10

Research Questions and Hypotheses

Research Questions	Research Hypotheses
<ul style="list-style-type: none"> Is there a difference between the control group and experimental group in their perceived counselor competency when controlling for multicultural training specific to the LGBTQIA+ community and gender minority training for counseling students and professionals working with the theoretical GNC male clients wearing makeup in the pictures? 	<ul style="list-style-type: none"> When comparing the control group and the experimental group, the participants with more training specific to the LGBTQIA+ community and gender minorities will have statistically significantly higher levels of perceived counselor competence with the theoretical GNC male clients wearing makeup in the pictures.
<ul style="list-style-type: none"> Does counselor age impact perceived counselor competence when working with the theoretical GNC male clients wearing makeup in the pictures? 	<ul style="list-style-type: none"> The older age group will be associated with statistically significantly lower competence when working with the theoretical GNC male clients wearing makeup in the pictures.
<ul style="list-style-type: none"> Does counselor gender impact perceived counselor competence when working with theoretical GNC male clients wearing makeup in the pictures? 	<ul style="list-style-type: none"> Females and gender minority counselors will be associated with statistically significantly higher competence when working with the theoretical GNC male clients wearing makeup in the pictures.

The conceptual framework for these questions is depicted in Figure 1.

Figure 1. Conceptual Framework



Overview of Findings

For Research Question and Hypotheses 1 through 3, linear regression analyses were used to examine the relationship between the independent variables and the dependent variable. The directional research hypotheses were rejected, as the results indicated that the relationship between the variables were not statistically significant. However, Research Question 2 and Hypothesis 2 was trending towards significance, as the Baby Boomer group reported higher perceived competency versus the other generational groups. This trend in the results is worth investigating in the future.

Implications for Practitioners

Although the results did not indicate statistically significant relationships among the variables for this sample, it is still important to consider the changing demographics and elements that affect counselors and their perception of clients. In this case, it is important to

develop competence in working with gender nonconforming individuals, as it is essential that clinical mental health counselors, counseling students, counselor educators, clinical supervisors, and healthcare professionals are knowledgeable of the challenges faced by GNC people. This includes being aware of the stigma and discrimination that GNC individuals face, which could lead to them internalizing these biased messages, and ultimately affect their mental health (James et al., 2016). This is especially important since GNC individuals are more likely to utilize healthcare services versus the majority (Holt et al., 2020).

Additionally, it is worthwhile for counselors to advocate for more affirmative therapeutic interventions and more stringent diversity and multicultural training (specifically the infusion of content in counseling courses that effectively address gender expression). Another important implication of this study is informing counselor educators and CACREP requirements. Because of the limitations that were previously stated with continuing education for counselors, education for counseling students is vital. The more information that counseling students attain before entering the field, the more likely they will be able to pass on this knowledge and train future counseling students and professionals. Implementing this type of education in counseling programs is essential for the development of the field. As mentioned earlier, CACREP only requires the study and understanding of gender and sexual orientation. Adding gender identity, gender expression, and types of gender as core learning objectives is essential. Applying this training in counselor education programs and infusing this content throughout the CACREP curriculum might aid in bypassing some of the limitations and issues that are associated with CEUs.

Although some of the limitations could be bypassed by improving counselor education through CACREP standards, it is still important to address continuing education. Depending on the state, clinical mental health counselors have to attain a specific number of continuing education units. In Florida, counseling professionals must attain at least 30 hours of continuing education every two years (Continuing Education (CE) for Florida Mental Health Counselors, 2020). There are allocated hours within those 30 hours. Those hours include: (1) two hours for *Ethics and Boundaries*, (2) two hours for *Medical Errors*, (3) three hours for *Florida Laws and Rules*, and (4) two hours for *Domestic Violence* (Continuing Education (CE) for Florida Mental Health Counselors, 2020). There have been several research studies that have indicated that gender minorities and the LGBTQIA+ community need additional care, especially regarding gender expression, gender identity, and types of gender. With 75% of this population utilizing healthcare services, it may be beneficial to allocate training hours that are specific to gender diversity (James et al., 2016). Forty-two percent of gender nonconforming people believe that they lack access to mental health resources, and 50% of this population will attempt suicide in their lifetime (Haas, Rodgers, & Herman, 2014; When Health Care Isn't Caring, 2014). These statistics signify that inadequate mental health care directly affects this population's livelihood. Ultimately, mental health care professionals are responsible for providing adequate care; this includes being competent in serving underserved populations, such as gender nonconforming individuals. With these considerations, requiring CEUs specific to serving this population will aid counseling professionals – especially ones that are further removed from their education – in staying abreast of new literature and evidence-based practices.

This research could also help inform the types of interventions that counselors could utilize when working with gender nonconforming clients, as well as exploring how the negative experiences of stigma and discrimination that can affect gender nonconforming people's mental health. Counselors should normalize diverse gender expressions and gender identity and allow clients to explore these aspects of their gender in a nonjudgmental, unconditional accepting therapeutic space. Along with normalization, counselors should foster support, empowerment, and validation in GNC clients' experiences, and help them process feelings associated with internalized stigma and discrimination, especially in a healthcare setting. Internalizing stigma and discrimination can lead to lower self-esteem and self-efficacy, depression, anxiety, anger, and various other mental health issues (Drapalski, et al., 2013). Interventions should include exploring and defining current coping strategies, creating and strengthening new coping skills, reframing thoughts, assertiveness training, interpersonal training, psychoeducation, exploring ways to reduce anxiety and depression, and connecting GNC individuals to supportive communities.

An intervention that is especially vital is connecting GNC individuals to supportive and affirming communities. Being able to utilize social support has the potential to alleviate negative symptomatology, such as isolation, depression, and loneliness. Ultimately, this support can contribute to healthy, meaningful relationships in GNC individuals' lives. Counseling professionals can aid GNC individuals in this pursuit by encouraging and assisting them in making meaningful connections within the LGBTQIA+ community. This would include community resources, campus resources, and online resources for GNC students and clients. As discussed previously, GNC individuals are prevalent on YouTube, especially within the realm of

the beauty community. Therefore, it may be useful for counselors and other mental health professionals to be aware of the trends and prominent beauty gurus in order to point GNC clients towards self-advocacy and representation.

Limitations

There are several limitations that exist in the current study. One limitation is that the study relied upon data collected from volunteer participants; as such, self-selection may bias the findings. A second limitation is that counseling students and counseling professionals might have underreported their biases in the experimental group, and over reported their competency. This is because of the value and importance that is placed on unconditional positive regard and nonjudgment. A third limitation is that the results of this study may not reflect attitudes from other healthcare fields or professionals. Because this study specifically targeted counselors, the results may not be generalizable to other helping professionals, such as a social worker or a nurse [who](#) may have different training, attitudes, and perceived competence when working with gender nonconforming individuals. A fourth limitation is that the sample's participants are from the US; therefore, these findings might not be generalizable between countries and cultures. A final limitation is related to the instrument used in this study. The instrument was modified from its original form, and therefore, this adaptation can affect its validity.

Recommendations in Future Research

Based on the limitations of this research, recommendations for future research include expanding and replicating this study with a larger, more diverse sample to decrease self-selection bias. Because the recruitment materials had the word “diversity” in the title, it is likely that counselors who are more interested, competent, and comfortable in multicultural counseling or

counselors who have a special interest in diversity may have been more likely to volunteer for the survey. Therefore, it is recommended that future researchers prepare recruitment materials that reduce self-selection bias.

An additional consideration for researchers is that participants may have underreported their biases in the experimental group, and over report their competency due to values ascribed in clinical mental health counseling. Researchers may consider using different vocabulary or wording their recruitment materials and scales differently in order for participants to accurately report perceived competency in working with gender nonconforming clients. Additionally, this study may not reflect attitudes of other healthcare fields or professionals. Future researchers may consider duplicating this survey for other healthcare professions; this could include social workers, psychologist, psychiatrist, nurses, and more. Expanding the study would allow researchers to determine competence among other helping professionals.

Recommendations for future research also include expanding and replicating this study with more individuals from different cultures, as the sample that was collected was mental health professionals within the US. As stated in the subsection entitled *Men and Makeup in Colonial America*, American men founded their masculinity and identity on autonomy, independence, and rejecting the English culture (Kimmel, 1996). Therefore, for men to reconceptualize the meaning of makeup means to uphold these ideals of independence and uniqueness. The US has been founded on individualistic ideals; in turn, collectivistic countries may conceptualize men wearing makeup differently from the US. Because of this individualistic society, men who wear makeup in the US might be seen as representatives of themselves and the ideals they reflect; conversely, men who wear makeup in collectivistic societies may be seen as representatives of their family

name and the ideals their community reflects. Therefore, it might be difficult for men who are located in collectivistic societies to express themselves outside of gender norms. It would be beneficial to duplicate this study and then conduct a comparison study to explore cross-cultural differences.

Future researchers may also consider duplicating this study and slightly altering the type of research design. For example, researchers could implement an experimental design and use a pretest/posttest with the experimental group receiving affirmative training (that would be similar to a CEU experience), and the control group not receiving affirmative training. This pretest and posttest design could be used to measure how counselor competency is affected by affirmative training. Future researchers may also consider conducting a longitudinal study to measure counselor competence in working with gender nonconforming individuals. With a longitudinal design, researchers could compare groups. Researchers could develop a training and curriculum for affirmative practices that is given to the experimental group, whereas the control group does not receive this training. This could be accomplished by following two groups of professionals, such as two cohorts of counseling students, as researchers assess if additional affirmative training, alongside educational training, increases levels of perceived counselor competency before they enter the field.

Finally, future researchers may also consider examining the construct validity of the items on the SISES. For this study, the SISES was adapted to accordingly measure the dependent variable; in future studies, it would be best to conduct a pilot study in order to test the adapted instrumentation. Additionally, researchers may consider creating a tool that could measure competence in different professions, such as one for social work, one for psychology, and one for

psychiatry. This could create a more comprehensive conceptualization for each of the concepts in various fields.

Conclusion

Although this particular study did not statistically support any of the research questions or hypotheses, this research suggested that there may be a relationship between counselor age and counselor gender with perceived counselor competence in working with gender nonconforming individuals. Additionally, the results of this research suggest that mental health counselors feel less competent in working with GNC individuals in comparison to gender conforming people. Finally, the implications of these findings are intended to assist in preparing counselors to effectively support gender nonconforming individuals and their specific needs, guiding CEUs and counselor education, ensuring counselors' ability to recognize and effectively address the potential impact of stigma and discrimination on gender nonconforming people, and in guiding social justice advocacy efforts.

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LIST OF APPENDICES

APPENDIX A: OLD HOLLYWOOD MAKEUP

Example of 1950s makeup with Marilyn Monroe



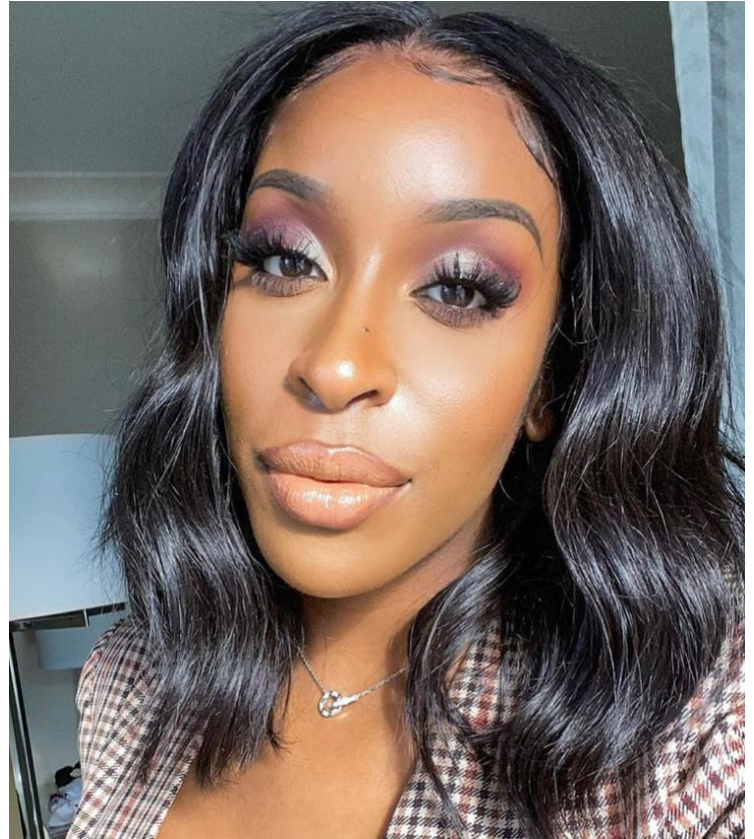
APPENDIX B: NATURAL MAKEUP

An example of natural makeup application



APPENDIX C: GLAM MAKEUP

An example of glam makeup application



APPENDIX D: SURVEY PICTURES

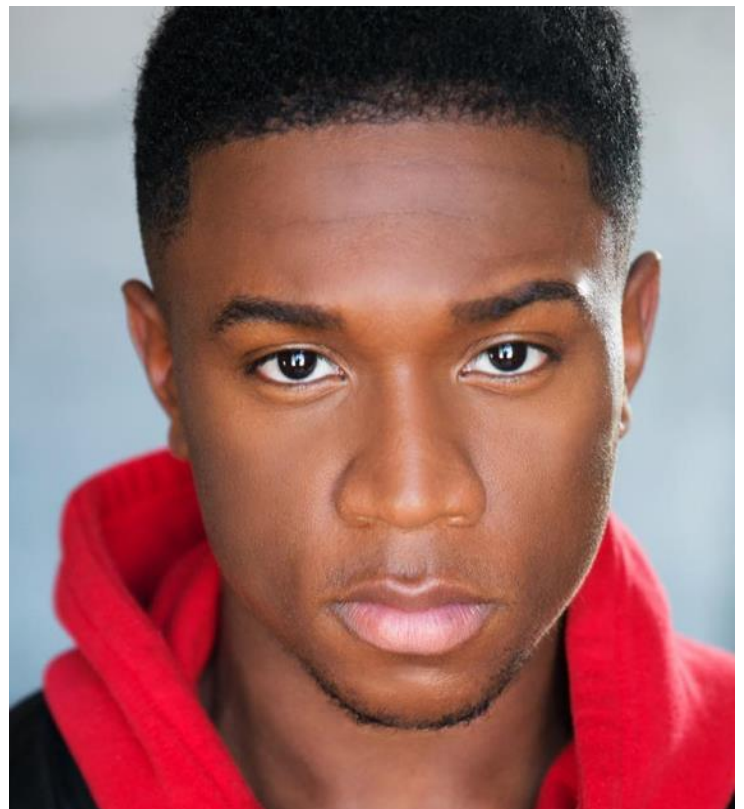
Experimental Group

Cisgender men with makeup



Control Group

Cisgender men without makeup



APPENDIX E: RECRUITMENT EMAIL

Recruitment Email**Take 5 minutes to tell us about your counseling relationship with diverse clients!**

Researchers want to better understand how counselors interact with diverse clients, and in turn, how that may impact the therapeutic relationship between client and counselor. We would love to hear about your experiences! Share your experience by completing a 5-10-minute anonymous, online survey and help mental health professionals be better equipped to help diverse clientele.

Eligibility:

- 18 years or older
- Live in the U.S.
- Counseling student, a counselor seeking licensure, a counseling professional, or a licensed counseling professional

Follow this link to review Informed Consent and take our anonymous survey: [link here]

Questions or comments, please contact the primary contact:

- Brandi Velasquez Nash
Master of Science Clinical Mental Health Counseling
University of North Florida
Redacted

APPENDIX F: INFORMED CONSENT

Counseling Professionals and Gender**Informed Consent**

In accordance with the Office of Human Subjects Research at the University of North Florida and professional codes of ethics, the following information provides you, the potential participant, with an explanation of the purpose of the study, the voluntary nature of the study, measures taken to ensure anonymity, and any potential known risks and benefits of participation.

Introduction and Purpose:

I'm a student in the Masters of Science Clinical Mental Health Counseling program at the University of North Florida conducting a research study. The purpose of this research is to better understand how counseling professionals' and students' prior knowledge can impact potential clients. I hope to use the findings of this study to inform the clinical practice of counselors-in-training and counseling professionals. Additionally, I hope to guide advocacy and training efforts related to gender that might affect the therapeutic relationship between client and counselor.

Eligibility Requirements:

You must be a mental health counseling professional or a current mental health counseling student who is 18 years of age or older to participate.

Procedures:

This study will be conducted online, at your convenience. If you choose to participate in this study, you will be asked to provide demographic information and answer a series of questions (using a Likert scale) related to competence working with a diverse clientele. The survey is anonymous and is estimated to take 5 to 10 minutes to complete. The results of the research study may be published; however, your name will not be used because there will be no way to identify you through the anonymous survey.

Right to Decline or Withdraw:

Participation is voluntary. You may choose not to participate at all or you may discontinue your participation at any time without penalty or loss of benefits. You can stop at any point by clicking "exit" on the screen.

Potential Risks:

Participating in this study is thought to have minimal risks. The risk associated with participating in this study is sharing personal feelings that you might find uncomfortable. If you experience personal feelings that become uncomfortable, it is recommended that you seek counseling services. The primary investigator Redacted) and thesis advisor (k.terrell@unf.edu) can assist you in finding counseling services, if needed.

Potential Benefits:

You will not benefit directly, but spending time thinking about your clinical training and practice may be helpful. In addition, you may feel good about participating because you will be contributing to the knowledge and skills of mental health professionals working with diverse clients.

Confidentiality:

Your confidentiality will be protected to the maximum extent allowable by law. Data collected for this research study will be protected on a password-protected computer. Only the appointed researchers and the Institutional Review Board will have access to the research data. None of the stored data will contain your name, email address, or any other identifying information.

Contact Information:

Please direct any questions or concerns about this study to the primary investigator, Brandi Velasquez Nash, by email (n01412697@unf.edu).

IRB Approval:

This study has been reviewed by the University of North Florida's Institutional Review Board (IRB). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (904) 620-2498 or irb@unf.edu.

By clicking yes below, I agree to participate in the above described research study, I agree that I am a mental health counseling professional or a mental health counseling student who is 18 years of age or older.